

Case Number:	CM13-0043209		
Date Assigned:	05/19/2014	Date of Injury:	06/27/2007
Decision Date:	06/13/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old injured worker with date of injury June 27, 2007 with related neck pain that radiates to the bilateral upper extremities, as well as lower back pain, left hip pain, left thigh, knee, and ankle pain. Per September 14, 2013 progress report, she also had associated sensations of pins and needles into both upper extremities. Physical exam revealed guarding of the muscles of the cervical spine and trapezius muscles bilaterally, with areas of marked spasm. There was tenderness along the midline, trapezius muscles and paravertebral muscles, bilaterally. There was pain on resisted shrugging of the shoulders. Active range of motion of the cervical spine elicited complaints of 2+ neck pain during all ranges of motion. MRI of the lumbar spine dated December 2, 2009 revealed a left foraminal disc protrusion with abutment of the exiting left L4 nerve root at L4-L5; a left foraminal disc protrusion with abutment of the exiting left L3 nerve root at L3-L4; multilevel facet arthropathy. MRI of the cervical spine dated December 17, 2012 revealed a 2mm central disc protrusion with mild central canal stenosis and a mild ventral impression upon the cord at both C3-C4 and C4-C5 levels; a 2.5mm central to left foraminal disc extrusion with minimal superior and inferior extension of disc, mild left ventral impression upon the cord with mild central canal stenosis, moderate left foraminal stenosis without definite nerve root impingement at C5-C6; a 3.5mm central disc protrusion with 5mm superior and 2mm inferior extension of disc, ventral impression upon the cord and mild central canal stenosis at T1-T2. She has been treated with chiropractic therapy, physical therapy, and medication management. The date of UR decision was October 14, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TRAMADOL 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain, Page(s): 81-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 93.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of Tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The Chronic Pain Medical Treatment Guidelines considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available. The request for Tramadol 50 mg is not medically necessary or appropriate.

MEDROX PATCHES/OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 60, 105, 111-113.

Decision rationale: The Medrox patch contains capsaicin, methyl salicylate, and menthol. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl salicylate may have an indication for chronic pain in this context. According to the Chronic Pain Medical Treatment Guidelines, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly

better than placebo in chronic pain. (Mason-BMJ, 2004)." However, the Chronic Pain Medical Treatment Guidelines, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated according to the Chronic Pain Medical Treatment Guidelines as outlined below. Note the statement on page 111 of the guidelines: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, the Chronic Pain Medical Treatment Guidelines states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within one to three days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." The request for Medrox patches/ointment is not medically necessary or appropriate.

FLEXERIL 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants For Pain, Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the Chronic Pain Medical Treatment Guidelines states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The request for Flexeril 7.5 mg is not medically necessary or appropriate.