

Case Number:	CM13-0046806		
Date Assigned:	12/27/2013	Date of Injury:	07/22/2009
Decision Date:	04/18/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 Orthopedic Surgery, 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:

This 47-year-old female office assistant and typist sustained a right upper extremity injury performing her regular work duties for the [REDACTED]. The date of injury was 7/22/09. Past medical history was positive for a right carpal tunnel release on 11/18/09 and right shoulder arthroscopic decompression and debridement on 5/4/10. The patient reported a considerable increase in right shoulder pain due to repetitive work duties in February 2013; she last worked on 5/29/13. The 6/17/13 bilateral upper extremity EMG was reported normal and the sensory nerve conduction study showed electrophysiologic evidence for mild median sensory neuropathy in the bilateral wrists. The 9/12/13 right shoulder MR arthrogram documented osteoarthritic changes of the AC joint, lateral downsloping acromion process, mild supraspinatus tendinosis, and no evidence of full-thickness rotator cuff tear. The 7/17/13 treating physician report cited subjective complaints of moderate neck, mid-back, and low back pain, and moderate bilateral shoulder, elbow, and wrist pain. Objective findings documented + 2-3 paraspinal tenderness with restricted spinal range of motion, positive cervical mechanical test, positive bilateral straight leg raise, +2 bilateral upper extremity global tenderness, positive bilateral shoulder impingement and supraspinatus tests, and positive bilateral Phalen's tests. Physical therapy was helping to decrease pain and tenderness with 10% functional improvement. The diagnosis was cervical, thoracic, and lumbar sprain/strain, history of cervical disc protrusion, thoracolumbar myofascial pain syndrome, right shoulder sprain/strain, left shoulder sprain/strain and tendinitis, bilateral lateral epicondylitis, bilateral wrist sprain/strain, carpal tunnel syndrome, depressive disorder, and insomnia. The treatment plan included chiropractic treatment for the bilateral upper extremities, extracorporeal shockwave therapy for the right shoulder, Medrox patches, Tramadol 50mg, and Medrox 120gm. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG, QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: The California MTUS guidelines support the continued use of opioid medications in the management of chronic pain when there is documentation of improved pain and function. Guidelines recommend discontinuation if there is no overall improvement in function. Guideline criteria were not met for the continued use of Tramadol. The patient presented with an elevation of her symptoms on 5/29/13 and records indicated a continued loss in function as evidenced by failure to return to work. Minimal pain reduction was documented as of 7/17/13 with benefit attributed to physical therapy. The use of Tramadol had been documented since 11/16/11 with no documentation of any reasonably-maintained pain reduction or functional improvement attributed to the use of medications. The request for Tramadol is not medically necessary.

MEDROX PATCHES QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS states that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medrox patches contain methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. Topical salicylates are recommended for short-term use (4 to 12 weeks), but guidelines state there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the shoulder. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments; however there is no evidence to support the use of a 0.0375% formulation. Guideline criteria have not been met for the use of Medrox patches. There is no guideline support for the use of capsaicin in a 0.0375% formulation and no support for the use of topical salicylates for osteoarthritis of the shoulder. Given the failure to meet guideline criteria for the use of all components in this transdermal patch, the request for Medrox patches is not medically necessary.

MEDROX 120 GM QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS states that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medrox patches contain methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. Topical salicylates are recommended for short-term use (4 to 12 weeks), but guidelines state there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the shoulder. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments; however there is no evidence to support the use of a 0.0375% formulation. Guideline criteria have not been met for the use of Medrox patches. There is no guideline support for the use of capsaicin in a 0.0375% formulation and no support for the use of topical salicylates for osteoarthritis of the shoulder. Given the failure to meet guideline criteria for the use of all components in this transdermal patch, the request for Medrox patches is not medically necessary.