

Case Number:	CM13-0056699		
Date Assigned:	12/30/2013	Date of Injury:	11/14/2012
Decision Date:	05/06/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 50 year old female who was injured on 11/14/2012 and attributes her injuries to the repetitive nature of her job duties. The patient developed increased pain to her right upper extremities and back area. Prior treatment history has included tendon sheath injection, physical therapy and right elbow brace. Her medications include Bio-Therm topical cream and Tylenol #3. PR-2 dated 10/21/2013 documented the patient to have complaints of pain that is severe in the right elbow. She is reporting muscle spasms of the right upper trapezius and this is due to guarding of the pain affecting the right elbow. She has been using Bio-Therm topical cream and taking Tylenol #3. She reports improvement in her pain levels from 8/10 to 4/10 after taking medications. Objective findings on examination of the right elbow revealed tenderness to palpation over the lateral epicondyle, this is marked tenderness to palpation. There was full active range of motion in all planes. Strength was 4/5. Additionally, there was spasm affecting the right upper trapezius muscle. Diagnoses: 1. Right lateral epicondylitis 2. Right forearm tendinitis Treatment Plan: Add Zanaflex to the medication regimen and refill Bio-Therm topical cream. PR-2 dated 12/05/2013 documented the patient reporting improvement in her pain levels from 8/10 to 4/10 after medications. She comes in for follow up regarding the pain that affects her right wrist. She has been taking Zanaflex and using Bio-Therm topical cream. Objective findings reveal examination of the right elbow revealed tenderness to palpation over the lateral epicondyle, this is marked tenderness to palpation. Strength was 4/5. Additionally, there was spasm affecting the right upper trapezius muscle. Treatment Plan: Therapy did not help her symptoms at this point. Her EMG was normal. I would recommend consultation with a hand surgeon to determine if releasing her lateral epicondyle would benefit her. In the meantime, we will continue restrictions. She will be dispensed refill of her medications to include Ultram and Bio-Therm topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE USAGE FOR TYLENOL #3 1-2 TABS BY MOUNTH Q6 HOURS AS NEEDED FOR PAIN, #60(MAX 5 DAY): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82.

Decision rationale: MTUS Guideline for On-Going Management of opioids detail: "Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 aberrant drugtaking 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. (Passik, 2000)." This patient is on a very low dose, low cost opioid. It appears to provide pain relief and in my opinion seems clinically reasonable in this patient for this particular condition.

BIO-THERM 40X, APPLY 2-3 TIMES DAILY AS DIRECTED: Upheld

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

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

Decision rationale: CA MTUS guideline on Topical Analgesics details: "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of

drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, β agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Therefore, the request for topical medication is not medically necessary.