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| Case Number: | CM13-0067308 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 12/13/2010 |
| Decision Date: | 04/10/2014 | UR Denial Date: | 11/19/2013 |
| Priority: | Standard | Application Received: | 12/17/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Plastic and Reconstructive Surgery, and is licensed to practice in Maryland. 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 physician 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 22 year old female employed as a maintenance worker with a reported date of injury on 12/13/2010. She is documented to have suffered injury to the right upper extremity when a Christmas tree fell on her. Review of her Panel Qualified Medical Examination from October 10, 2011 noted she had been treated in a pain clinic for right upper extremity complaints with medications and bracing. Further, electrodiagnostic studies are stated to have revealed mild findings of right carpal tunnel; MRI of the elbow was reported as normal. Right wrist study is reported to show mild flexor carpi ulnaris tendinosis. Non-operative therapy included chiropractic treatment, physical therapy and home exercise program. Assessment was that the patient had reached maximal medical improvement with diagnoses of right shoulder strain, right elbow strain, right wrist strain and post traumatic right carpal tunnel syndrome, mild. The patient had been working on a modified basis, and her employment had been terminated in March 2011 due to "budgetary constraints". Documentation from 2/4/13 notes patient with right arm pain and back pain and is at regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective-Toradol 60mg IM given: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs, GI Symptoms, and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Section on NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)

Decision rationale: Chronic Pain Medical Treatment Guidelines, page 72, 'Ketorolac (Toradol®[®], generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions.' Thus, Ketorolac is specifically not indicated for chronic treatment. Injections may be appropriate in the initial treatment of a condition as discussed on page 48, ACOEM. Injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intra-articular administration, including infection and unintended damage to neurovascular structures. Injections of opioids are never indicated except for conditions involving acute, severe trauma. In this case, the patient is a 22 year old female with chronic pain of the right upper extremity. This patient is not noted to have an acute condition and conservative management has not been fully exhausted. The patient had been approved for hand therapy, but records reviewed do not show that this has been attempted. As reasoned by the utilization review there is no evidence of an acute pain flare-up of a chronic condition. Thus, I would agree with the utilization review and Ketorolac should not be authorized.

Refill-Omeprazole 20mg 1 tab BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs, GI Symptoms, and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Chronic Pain Medical Treatment Guidelines are specific for the use of omeprazole, a proton pump inhibitor. On page 68, Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). In this case, the patient is a 22 year old female with a chronic painful condition of the right wrist. Naprosyn 550 mg BID had been approved. There is no evidence of history of GI problems or concurrent use of complicating medications like aspirin, corticosteroids and/or anticoagulant. Thus, based on the lack of GI risks factors as stated above or other factors, omeprazole is not indicated. Thus, I would agree with the utilization review.

Refill-Tramadol 50mg 1 tab TID prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Tramadol (Ultram), Chronic Pain Medical Treatment Guid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids,.

Decision rationale: Chronic Pain Medical Treatment Guidelines, page 93-94 Tramadol is a synthetic opioid that is recommended for moderate to severe pain but not as a first-line oral analgesic. Specific, inadequate response to first line therapy is lacking in the medical documentation to warrant a second line agent. There are indications for Tramadol as a first line treatment for neuropathic pain: '(1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. (Dworkin, 2007).' In this case, there is no evidence that any of these conditions are present or that the patient has neuropathic pain. In addition, there is insufficient documentation to suggest continued use of opioids. From page 80, guidelines address when to continue opioids:(a) if the patient has returned to work (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). There is not sufficient detailed documentation with respect to when and why Tramadol was initially prescribed and any response from this medication. There is insufficient documentation from the most recent follow-up dated 9/28/13 of any response to treatment from Tramadol to suggest improved functioning and pain. In addition, if this is considered long-term use of an opioid, then the guidelines address this from page 88. There must be sufficient documentation to evaluate the effectiveness of the opioid which is lacking in this case. From page 84, Tramadol may be used for osteoarthritis on a short-term basis (less than 3 months). However, there is no evidence that osteoarthritis is present or exactly how long the patient has been on Tramadol. Thus, I would agree with the utilization review and Tramadol should not be authorized.

Refill-Menthoderm patch 120mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Salicylate topicals, Official Disability Guidelines (ODG) Chronic Pain, salicylate to.

Decision rationale: Chronic Pain Medical Treatment Guidelines specifically address salicylate topicals on page 105: 'Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)' The chronic pain treatment guidelines do not specifically address menthol, but from ODG, 'Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. (FDA, 2012).' Menthol is not directly 'Not recommended'. Thus, menthoderm should be authorized, as this is a salicylate topical that is

directly recommended for chronic pain. MTUS supports the salicylate topical and ODG addresses the menthol addition, thus the request is certified.