

Case Number:	CM14-0000769		
Date Assigned:	01/17/2014	Date of Injury:	06/11/2010
Decision Date:	06/10/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/02/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 injured worker is a 56-year-old woman with a medical history of gastropathy and anxiety who had a work-related injury on 6/11/10 resulting in chronic pain. The diagnosis for this injured worker includes lumbar strain, bilateral trochanteric bursitis and left ankle internal derangement status post surgery. Her treatments have included physical therapy, surgery and oral and topical analgesic medications. The chart is reviewed including progress notes from the primary physician dated 7/18/13, 10/9/13 and 12/18/13. On 12/18/13 it is noted that the patient complains of ongoing low back pain that is worsening. The exam shows tenderness to palpation of the lumbar paravertebral muscles with spasm, decreased range of motion of the spine, positive straight leg raise on the left, tenderness over the greater trochanters, motor strength of 4/5 in ankle dorsiflexion and decreased sensation of the left foot. There is no documentation regarding the efficacy of the pain medication with regards to treating the injured worker's chronic pain. There is no documentation regarding functional improvement. A utilization review dated 12/26/13 denied the use of Medrox pain relief ointment, Tramadol 50mg, and orphenadrine extended release (ER) 100mg #60 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PAIN RELIEF OINTMENT BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation www.dailymed.com.

Decision rationale: According to www.dailymed.com, Medrox pain relief ointment topical contains three active ingredients including capsaicin cream 0.0375%, methyl salicylate 5%, and menthol 20%. Regarding capsaicin cream, the MTUS recommends this only as an option in patients who have not responded or are intolerant to other treatments. There are no studies of a 0.0375% formulation and there is no current indication that this increased concentration over a 0.025% formulation would provide any further efficacy. The indications for capsaicin include osteoarthritis, fibromyalgia, and chronic non-specific back pain, but usage is considered experimental in very high doses. Therefore capsaicin cream is not medically necessary as there is no documentation that the patient has tried and failed other treatments and the prescribed concentration of capsaicin is considered experimental without proven benefit over lower concentrations. The MTUS is silent regarding menthol. Regarding methyl salicylate, the MTUS states that salicylates topical are significantly better than placebo in chronic pain. However, the MTUS also states that regarding compounded topical analgesics, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, since capsaicin topical is not medically necessary: Medrox pain relief ointment is not medically necessary.

TRAMADOL HCL 50MG BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Tramadol (Ultram), Opioids, Specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-76.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. Its use may increase the risk of seizure especially in patients taking serotonin-specific reuptake inhibitor (SSRIs), Tricyclic antidepressants (TCAs), and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, serotonin-norepinephrine reuptake inhibitors (SNRIs), TCAs and monoamine oxidase inhibitors (MAOIs), triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. According to the MTUS, section of chronic pain regarding short-acting opioids, Tramadol should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. In this case the patient was prescribed Tramadol on 7/18/13. On 12/18/13, it is documented that the injured worker is having worsening back pain. There is no documentation that the patient has had pain relief or functional improvement with the use of Tramadol; therefore, its continued use is not medically necessary.

ORPHENADRINE ER 100MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as orphenadrine extended release (ER)) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case, the injured worker has been using this muscle relaxant since at least 5/13. The ongoing use of orphenadrine ER is not medically necessary. The injured worker has used this medication for more than 6 months and continues to complain of pain.