

Case Number:	CM14-0004795		
Date Assigned:	01/24/2014	Date of Injury:	02/06/2013
Decision Date:	06/11/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for tenosynovitis of the hand/wrist associated with an industrial injury date of February 6, 2013. Treatment to date has included oral analgesics, steroid injection to the right elbow, physical therapy, occupational therapy, and hand therapy. Medical records from 2013 were reviewed and showed right upper extremity pain. Physical examination showed tenderness over the right anterior shoulder, right lateral and medial elbow and right FDC; limitation of motion of the right shoulder; and a slightly positive Tinel's sign at the right elbow. The diagnoses include right shoulder impingement syndrome, right lateral epicondylitis, right medial epicondylitis, right wrist internal derangement, right de Quervain's tenosynovitis, right carpal tunnel syndrome, anxiety and gastropathy secondary to pain medications. The patient was noted to have been taking nabumetone as far back as March 2013; and tramadol as far back as October 2013 for pain. However the duration and frequency of intake were not discussed. Utilization review dated December 13, 2013 denied the request for tramadol HCl 50mg #60 and Medrox ointment. However, the reasons for the denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

Decision rationale: Pages 78-80 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include documentation of analgesia, activities of daily, adverse effects and and aberrant-drug taking behaviors. Continuation of opioid treatment is considered if the patient has returned to work, and has improved functioning and pain. In this case, the patient has been noted to be taking tramadol for pain as far back as October 2013. However, there was no documentation of overall pain improvement and functional gains from the medication. Also, the current work status of the patient was not mentioned. Continued opioid treatment is not recommended as the guideline criteria were not met. Therefore, the request for Tramadol HCL 50mg #60 is not medically necessary.

MEDROX OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Salicylate Topicals.

Decision rationale: Medrox ointment is a compounded medication that includes 5% methyl salicylate, 20% menthol, and 0.0375% capsaicin. Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain. According to the guideline, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Guidelines state that capsaicin in a 0.0375% formulation is not recommended for topical applications. Moreover, any compounded product that contains at least one drug that is not recommended is not recommended. In this case, patient complains of chronic right upper extremity pain for which Medrox ointment was prescribed. However, this medication contains drug classes that are not recommended. The guidelines do not recommend the use of compounded topical products that contain at least one drug class. Therefore, the request for Medrox Ointment is not medically necessary.