

Case Number:	CM14-0105281		
Date Assigned:	07/30/2014	Date of Injury:	02/24/2004
Decision Date:	09/12/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/08/2014

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 Occupational Medicine has 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:

According to the submitted reports this is a 65-year-old man with an injury date of 2/24/04. This is a review of a request for Medrox ointment with 2 refills, orphenadrine Er 100 mg #60 with 2 refills and tramadol hydrochloride 50 mg #60 with 2 refills. This was initially addressed in the utilization review determination dated 6/20/14. That stated that patient had been using the opioid for many months. There is a 7/1/14 PR-2 indicating there has been no significant improvement since last exam. There is continued neck and back pain as well as bilateral shoulder pain. Right shoulder injection the day before had not provided relief. Report states the patient cannot function without muscle relaxant medications and pain medications which will be refilled. There is no mention of what if any specific objective functional benefits are derived from each individual medication. There is no mention how many of each medication the patient actually uses each day or how frequently he applies topical ointment. There is no mention of where he applies the ointment on his body. There is no mention of any recent exacerbation or flair up of patient's chronic pain. He is apparently awaiting acupuncture and is going to be referred to surgery for hernia repair. Objective findings in the shoulder include reduced range of motion. There is a positive impingement sign on the right. In the back, there is some tenderness and spasm of the lumbar paraspinals, reduced sensation bilaterally in the L5 dermatome and reduced shoulder range of motion. Diagnoses are shoulder impingement; lumbar radiculopathy; inguinal hernia and umbilical hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Madrox Ointment #1 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid>.

Decision rationale: Medrox is a commercial preparation that the above website states contains methyl salicylate 20%, menthol 5% and capsaicin 0.035%. It is a topical analgesic used for the temporary relief for minor aches and muscle pains associated with arthritis, simple backache, sprains, muscle soreness and stiffness. MTUS/ODG guidelines do not mention use of menthol topically for chronic pain. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. MTUS chronic pain guidelines note that the 0.0375% formulation has not been studied and there is no current indication for this increase over the generally available 0.025%. MTUS chronic pain guidelines do support use of methyl salicylate for chronic pain. However, MTUS chronic pain guidelines state for topicals if one ingredient is not supported the compounded topical is supported. Therefore, based upon the evidence the guidelines, the Medrox ointment is not considered to be medically necessary.

Orphenadrine ER 100mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

Decision rationale: Orphenadrine is a sedating muscle relaxant. MTUS guidelines only support use of muscle relaxants for treatment of chronic pain and spasm for short-term, 2-3 weeks use for flareups of chronic pain. Use in this case is chronic. Thus, based upon the evidence and the guides this is not considered to be medically necessary.

Tramadol HCl 50mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75; 878.

Decision rationale: Tramadol is a short acting opiate support by MTUS guidelines as a 2nd line analgesic. The available reports do not document whether or not this patient has used non-opioid analgesics or any other classes of medications for chronic pain such as a TCA (tricyclic antidepressants) or SNRI (serotonin nor epinephrine reuptake inhibitor antidepressant). The

patient has been taking this on an ongoing basis, for at least 60-90 days. There is no documentation of the pain assessment that includes the analgesic response to this medication, specific activities of daily living that can be done with this medication, there is no mention of any adverse side effects and no evaluation for aberrancy (the 4 A's). There is no quantification of least reported pain since the last assessment, average pain, and intensity of pain or how long pain relief lasts. Patient continues to require ongoing treatment. Thus, the medical information does not support the medical necessity for continued chronic use of the Tramadol. Based upon the evidence and the guidelines, this is not considered to be medically necessary.