MAXIMUS Federal Services

Case Number:	CM14-0124918		
Date Assigned:	08/11/2014	Date of Injury:	02/03/2012
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, North Carolina, and Virgina. 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 29 year old female with a reported date of injury on 2/3/12 who requested medical management for left upper extremity complaints. The patient is diagnosed with thoracic spine sprain/strain, possible joint dysfuction and left wrist signs and symptoms to rule out de Quervain's, carpal tunnel syndrome and left ulnar neuritis. Stated medical records from 6/23/14 and 7/3/14 note the patient complains of back, neck, left shoulder, elbow, forearm and wrist pain. Pain is affecting her sleep. Patient has been undergoing chriopractic therapy. Examination notes tenderness with decreased range of motion of the left upper extremity. Grip strength is decreased with postive Phalen's test, positive Tinel's sign, positive carpal compression test, thenar atrophy, and positive Finkelstein's sign. The cubital tunnel is painful is well. Plan is for patient to have electrodiagnostic studies of the upper extremities, left spica brace, left elbow splint and medical management of Ibuprofen, Menthoderm, Naproxen, Omeprazole, and Tramadol. Utilization review dated 7/17/14 did not certify Ibuprofen 800 mg,quantity unspecified, Naproxen 550 mg, quantity unspecified and Menthoderm, 1 tube. Reasoning given was that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line after acetaminophen. The patient has continuously utilized NSAIDs since 10/2013 without objective functional improvement. Guidelines do not recommend long-term use of NSAIDs. The medical necessity for 2 NSAIDs has not been established. Topical analgesics are largely experimental in use and there is no documentation of a failure to respond to first-line oral medication prior to initiation of a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ibuprofen 800 mg (quantity unspecified), DOS 7/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain page 60 and NSAIDs, page 67 and 68 Page(s): 67 and 68..

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Medications for chronic pain, "Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. A record of pain and function with the medication should be recorded. (Mens, 2005) This has not been adequately documented for this patient. The Chronic Pain Medical Treatment Guidelines regarding NSAIDs, states, "For osteoarthritis NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. Further, there is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008). For Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. For Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. For Neuropathic pain: There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. (Namaka, 2004) (Gore, 2006)" Based on these recommendations, the patient's stated medical records do not provide sufficient evidence to satisfy these guidelines. The patient has chronic pain that has been treated continuously with NSAIDs without objective functional improvement. The patient has not been diagnosed with osteoarthritis. If this is an acute exacerbation of chronic pain, NSAIDs are recommended as a second line treatment after Acetaminophen. Acetaminophen use has not been documented. The patient does have evidence of possible neuropathic pain, but NSAIDs may be useful for breakthrough pain. There is insufficient documentation that this is the case. Therefore, the retrospective request for Ibuprofen 800 mg, (quantity unspecified), DOS 7/3/14 is not medically necessary and appropriate.

Retrospective request for Naproxen 550mg, quantity unspecified, DOS 7/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Medications for chronic pain page 60 and NSAIDs, page 67 and 68 Page(s): 60; 67; 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Medications for chronic pain, "Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. A record of pain and function with the medication should be recorded. (Mens, 2005) This has not been adequately documented for this patient. The Chronic Pain Medical Treatment Guidelines regarding NSAIDs, states, "For osteoarthritis NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. Further, there is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008). For Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. For Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. For Neuropathic pain: There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. (Namaka, 2004) (Gore, 2006)"Based on these recommendations, the patient's stated medical records do not provide sufficient evidence to satisfy these guidelines. The patient has chronic pain that has been treated continuously with NSAIDs without objective functional improvement. The patient has not been diagnosed with osteoarthritis. If this is an acute exacerbation of chronic pain, NSAIDs are recommended as a second line treatment after Acetaminophen. Acetaminophen use has not been documented. The patient does have evidence of possible neuropathic pain, but NSAIDs may be useful for breakthrough pain. There is insufficient documentation that this is the case. Therefore, the Retrospective request for Naproxen 550 mg, quantity unspecified, DOS 7/3/14 is not medically necessary and appropriate.

Retrospective request for Menthoderm Ointment, quantity 1 tube, DOS 7/3/14: Overturned

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 Salicylate topicals, Topical Analgesics, page 104, 111-112 Page(s): page 104, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, salicylate topicals.

Decision rationale: The patient has chronic pain of the left upper extremity, neck and back. Menthoderm was requested and is a compound of methylsalicylate and menthol. According to the Chronic Pain Medical Treatment Guidelines Topical Analgesics, "these medications are 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) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, from page 104, Topical Salicylates are recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." The Official Disability Guidelines (ODG), states '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'." Therefore, the retrospective request for Menthoderm Ointment, quantity 1 tube, DOS 7/3/14 is medically necessary and appropriate.