

Case Number:	CM14-0132798		
Date Assigned:	08/22/2014	Date of Injury:	10/13/2010
Decision Date:	11/05/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/19/2014

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 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:

This patient is a 63-year-old male with a date of injury of 10/06/2010. The medical records were reviewed. This patient's diagnoses include right shoulder pain and periarthrosis of the shoulder, right shoulder impingement syndrome/tendinitis/labral tear, cervical disc disease, low back pain with radiation to the right knee, spinal stenosis, lumbar spine sprain/strain, herniated disc at L2-3 and L4-S1, bilateral extremity radiculitis and intractable pain. This patient is status post arthroscopic shoulder surgery and multiple cortisone injections to the right shoulder. On 05/06/2014 the pain was reported as a 6 to 7 on a scale of 1 to 10, with and without medication. The prescribed medications are noted to assist in reducing or aid in resolving the patient's signs and symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Relafen Page(s): 68-73.

Decision rationale: This is a review for the requested Relafen 750 mg #90. Relafen is a non-steroidal anti-inflammatory drug or NSAID. It is typically used to treat pain related to inflammation or osteoarthritis. In general NSAIDs are recommended per MTUS guidelines with precautions for patients with GI symptoms or cardiovascular risk. NSAIDs are recommended for osteoarthritis and back pain. MTUS Guidelines do not recommend one NSAID over another and only as a second line treatment for acute exacerbations of chronic pain. Relafen is recommended for osteoarthritis and this patient has a documented diagnosis of arthritis of the shoulder. In addition, NSAIDs appear superior to acetaminophen in patients with moderate to severe pain. This patient reports a 6 to 7 pain on a scale of 1 to 10 which is considered to be moderate to severe. For these reasons this request is considered to be medically necessary.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-91, 123.

Decision rationale: Tramadol is a synthetic opioid. The medical documentation does not indicate how long this patient has been taking Tramadol for pain relief. According to the MTUS guidelines opioid therapy is recommended for short-term pain relief. According to MTUS Guidelines, if the patient fails to respond to a time-limited course of short acting opioids there is a suggestion of reassessment and consideration of alternative therapy. There is no clearly documented evidence of reassessment and consideration of alternative therapy. For on-going management with opioid medications recommendations include an assessment of current pain, least reported pain over a period since last assessment, average pain, intensity of pain after taking opioid, time to pain relief and duration of relief with opioid. There is no documented evidence of clear, specific opioid pain evaluation and assessment. MTUS Guidelines also recommend consideration of a multidisciplinary pain clinic consultation if pain does not improve on opioids beyond what is usually required or does not improve in 3 months. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. The possible reason for this is not addressed in the patient's medical record. Therefore, the above listed issue is considered not medically necessary.

TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180gms: 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 Capsaicin, Gabapentin, Tramadol, Topical Analgesics Page(s): 28-29, 111-113.

Decision rationale: TGHot 180 gms is a topical preparation consisting of several medications. Tramadol is a synthetic narcotic medication used for treatment of pain. Gabapentin is an

anticonvulsant medication used to treat neuropathic pain. Capsaicin is a topical medication that has had some proven efficacy in treatment of chronic neuropathic and musculoskeletal pain. The MTUS is silent on Menthol and Camphor. According to the MTUS Guidelines topical analgesics may be recommended as an option in certain cases. Usually topical analgesics are utilized in patients with neuropathic pain after a trial of oral antidepressants has failed. The efficacy of compounded agents, which include several different medications from various drug classes, is not supported by research. Topical capsaicin is only recommended in patients who have not responded to other treatments. There is no clearly documented evidence of non-responsiveness or intolerance to other treatments. Gabapentin (topical) is not recommended. Tramadol (topical) is often compounded in combination with other agents for pain control but this utilization is not supported by research. In addition, the MTUS Guidelines clearly state that any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the above listed issue is considered to be not medically necessary.