MAXIMUS Federal Services

Case Number:	CM14-0134852		
Date Assigned:	08/27/2014	Date of Injury:	09/30/2010
Decision Date:	09/24/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/21/2014

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 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:

There were 56-pages provided for review. The application was signed on August 26, 2014. It was for Ultram, Norflex, Naprosyn and acetaminophen. Per the records provided, the patient is 36-years old and she was injured four years ago in September 30. It was a cumulative trauma to the right wrist. She was on modified duty. De Quervain's syndrome is also mentioned in the notes. She was non-certified for a TENS unit and physical therapy times six. She was partially certified on August 20, 2012 for acupuncture. As of January 4, she had right upper extremity pain. The last most detailed note was from February 14. The right upper extremity pain increased. There was one episode of pain from the thumb to the right shoulder while cutting meat that lasted for a day. The diagnoses were myofascial pain, tenosynovitis, tennis elbow, and they plan Medrox lotion for topical pain relief and they will restart the acetaminophen and refill the naproxen, Norflex at bedtime, and the tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ODT tablets 50 mg 1 tablet daily as needed QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12,13 83 and 113 of 127.

Decision rationale: Per the MTUS, Tramadol (Ultram) is an opiate analogue medication, not recommended as a first-line therapy. The MTUS, based on Cochrane studies, found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request for the Ultram ODT tablets 50 mg 1 tablet daily as needed QTY: 60 is not medically necessary.

Norflex ER tablets 100 mg 1 tablet at bedtime QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65 of 127.

Decision rationale: Per the MTUS, Orphenadrine (Norflex, Banflex, Antiflex, Mio, and Orphenate available) is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. The MTUS says that the muscle relaxers should be for short term use only for acute spasm. A prolonged use is not supported. The use as prescribed here and based on the past records is not consistent with short term usage. The request for Norflex ER tablets 100 mg 1 tablet at bedtime QTY: 60 is not medically necessary.

Naprosyn tablets 500 mg 1 tablet twice daily WTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 OF 127.

Decision rationale: The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication for osteoarthritis, at the lowest does, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription Naprosyn. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary; therefore, when over the counter NSAIDs would be sufficient. In summary, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. Therefore, Naprosyn tablets 500 mg 1 tablet twice daily quantity: 60 is not medically necessary.

ES Tylenol 500mg tablets 1 tablet daily as needed QTY: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 of 127.

Decision rationale: As shared earlier, the MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication for osteoarthritis, at the lowest does, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement. In summary, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately non-certified. Therefore, ES Tylenol 500mg tablets 1 tablet daily as needed quantity: 5 is not medically necessary.

Medrox Lotion 4oz QTY: 1: 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 of 127.

Decision rationale: Regarding Medrox, CA MTUS note that topical analgesics are recommended as an option in certain circumstances. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medrox is a compounded agent which contains Methyl Salicylate 20 percent, Capsaicin 0.0375 percent, and Menthol 5 percent. There have been no studies of a 0.0375 percent formulation of capsaicin and there is no current indication that this increase over a 0.025 percent formulation would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. With the report provided, there are no indications of failed trials of first-line recommendations (antidepressants and anticonvulsants). There is no documentation that these medications are insufficient to manage symptoms. With these in consideration, medical necessity is not established for the requested topical agent. Therefore, Medrox Lotion 4oz quantity: 1 is not medically necessary.