

<b>Case Number:</b>	CM14-0089953		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/08/2009
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Family 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:

This is a 66-year-old male who reported an industrial injury on 4/8/2009, 5 years ago, attributed to the performance of his usual and customary job tasks. The patient was evaluated in follow up and reported continued discomfort to the right upper extremity. The objective findings on examination included tenderness over the right medial elbow, diminished sensation of the right third, fourth, and fifth fingers; moderate tenderness over the right lateral elbow and tenderness over the right radial tunnel. The patient was noted to be status post right ulnar nerve transposition and right carpal tunnel release. The patient was being prescribed tramadol ER 150 mg #30; omeprazole 20 mg #60; naproxen 550 mg #60; and Methoderm gel 120 g.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Gel 120g dispensed on 04/29/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter topical analgesics, topical analgesic compounded

**Decision rationale:** The prescription for Methoderm topical ointment (Methyl Salicylate 15.0% Analgesic and Counterirritant) is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted with the billing to demonstrate the use of the topical creams for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The use of topical NSAIDs is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDs. The request for Methoderm topical ointment 120 g is not medically necessary for the treatment of the patient for the diagnosis of reported chronic upper extremity pain. The use of the topical creams/gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The prescription is accompanied with a state of medical necessity by the vendor which states that "compounded medications are not absorbed by the stomach so they do not cause any of the dangerous die effects that may be experienced by taking medications orally (i.e. damage to the liver and kidneys). In fact, medications that are transdermal or oral enter the blood stream and are ultimately broken down in the liver or kidneys. The breakdown of the prescribed topical medication still occurs in the kidneys and liver. "Compounded medications are absorbed through the skin so less medication enters the blood stream. The benefit of this is that there is reduced chance of building tolerance to drugs thereby curbing any potential addiction to medication." There is no objective evidence to support this contention and high serum levels can be achieved through transdermal applications. The serum levels can be similar and have the same propensity towards tolerance. "Compounds have fewer possibilities of drug interactions because less of the medication enters the blood stream" is not supported with objective evidence. The ability to interact with other medications in the blood stream is the same whether the route of absorption is oral or transdermal. "Compounds provide faster relief than medications taken orally. With compound medications you get fast pain relief to the affected area within a matter of minutes of application" is also not supported with objective evidence. The use of Methoderm topical ointment not supported by the applicable ODG guidelines as cited below. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury. The prescription for Methoderm topical ointment is not medically necessary for the treatment of the patient's UE pain complaints. The prescription of Methoderm topical ointment is not recommended by the CA MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic low back pain. There are no demonstrated medical indications for the prescription of the topical Methoderm gel 120 g for the treatment of chronic upper extremity pain. Therefore, the request of Methoderm Gel 120g; dispensed on 04/29/14 is not medically necessary and appropriate.

**Tramadol ER 150mg #30 dispensed on 04/29/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter chronic pain medications; opioids

**Decision rationale:** Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Tramadol ER 150 mg #30 for long acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic UE pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the low back. There is no documented functional improvement from this opioid analgesic and the prescribed Tramadol should be discontinued. The ACOEM Guidelines and CA MTUS do not recommend opioids for UE pain. The chronic use of Tramadol ER is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain only as a treatment of last resort for intractable pain. The provider has provided no objective evidence to support the medical necessity of continued Tramadol for chronic UE pain. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is consistent with evidence-based guidelines based on intractable pain. Therefore, the request of Tramadol ER 150mg #30 dispensed on 04/29/14 is not medically necessary and appropriate.