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| Case Number: | CM14-0202547 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 01/12/2001 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/21/2014 |
| Priority: | Standard | Application Received: | 12/03/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55-year-old woman who sustained a work related injury on January 12, 2001. Subsequently, she developed chronic right upper extremity pain. The patient had a stellar ganglion block on October 29, 2014 with no benefit and a failed spinal cord stimulator. According to an evaluation report dated May 29, 2014, the patient complained of occasional neck pain that radiates up from the right shoulder into the neck area. The patient complained also of right shoulder pain that she rated as a 5/10. She described a sharp pain that occasionally radiates up into the neck and down into the upper right arm extending to the hand and fingers. Regarding the right elbow, the patient complained of constant pain, which she rated as an 8/10. She described a dull ache with some sharp pain that radiates down into the right forearm with tension and tightness in that area constantly. The patient complained of constant pain in the right hand and wrist that she rated as an 8/10. On examination, there was some slight tenderness in the right shoulder superior trapezius region. The range of motion of bilateral shoulders was limited by pain. There was 5/5 strength at the shoulders. Impingement sign was negative in the Neer and Hawkins position. Both elbows demonstrated a grossly normal appearance with normal alignment. There was diffuse tenderness over the right elbow lateral and medial epicondylar region extending into the forearm flexor and extensor muscles. There was tenderness about the distal forearm extensor muscles extending into the top of the wrist and hand. There was slight tenderness over the lateral epicondylar region on the left elbow. There was decreased range of motion of the right elbow. Tennis elbow test caused pain in the right elbow with resisted wrist and finger extension and was equivocal on the left. There was 4/5 strength in the right upper extremity in wrist and finger extension. There was also decreased grip strength. Sensory testing revealed decreased sensation with dysesthesias in the right upper extremity over the dorsal aspect of the index, long and ring finger and the dorsal aspect of the palm and wrist. There was normal

sensation on the left. Deep tendon reflexes at the biceps, brachioradialis and triceps were 1+. Adson's was negative. The hyperabduction maneuver was negative. Phalen's was negative. Tinel's was negative at the median nerve at the wrist and positive over the ulnar nerve at the elbow on the right and negative on the left. The patient was diagnosed with chronic pain syndrome, chronic lateral epicondylitis status post surgery, right radial neuropath involving the posterior interosseus branch, neuralgia in the distribution of the right radial nerve, right shoulder adhesive capsulitis secondary to chronic right upper extremity pain, status post spinal cord stimulator placement, left elbow lateral epicondylitis, acute stress reaction, bipolar disorder, sleep disorder, sexual dysfunction, and cervicothoracic myofascial pain. The provider requested authorization for Percocet, Motrin, and Tramdex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>The patient have been using oipiods for long time without recent documentation of full controle of pain and without any documentation of fuctional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. Therefore the prescription of Percocet 10/325mg #180 is not medcially necessary.

Motrin 800 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen. Page(s): 66.

Decision rationale: According to MTUS guidelines, Motrin is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. There is no documentation that the shortest and the lowest dose of Motrin was used. There is no clear documentation of pain and functional improvement with NSAID use. Therefore, the prescription of Motrin 800mg #90 is not medically necessary.

Tramdex (cream) with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. The cream Tramdex contains Tramadol, Elavil, and Dextromethorphan. According to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Therefore, Tramdex cream is not medically necessary.