

Case Number:	CM15-0202101		
Date Assigned:	10/20/2015	Date of Injury:	01/04/2010
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 51 year old female, who sustained an industrial injury on 1-4-10. The injured worker was diagnosed as having left hand osteoarthritis; carpal tunnel syndrome; status post right shoulder surgery for rotator cuff repair. Treatment to date has included physical therapy; medications. A PR-2 note dated 3-21-15 indicated the injured worker presented for a "New Patient Pain Management Consultation". The injured worker complains of focal pain in the left first, fourth and fifth PIP joint and pain in the middle IP joint. She has pain with motion, and stiffness. She has no wrist pain issues. She also complains of right shoulder pain, present at rest, but worse with motion. Lisinopril is the only medication listed by name. The provider documents a physical examination. She is a status post right shoulder rotator cuff repair. His treatment plan on this date was for "retry strong NSAID - Indocin". The PR-2 notes dated 4-18-15 indicated the injured worker returned to the office as a follow-up of the pain management consultation. Her pain levels are documented as " average pain during last week - 5 out of 10; best pain during last week -3 out of 10; worst pain during the week - 7 out of 10". The provider prescribed Indocin on her last visit, but the injured worker reports she has trouble getting it authorized. The physical examination is same to similar of the 3-21-15 PR-2 notes. Again he requested authorization for Indocin for her medication for pain. PR-2 notes dated 9-9-15 indicated the injured worker was in the office for a follow-up visit. The provider notes she continues to complain of left hand pain rated "6-7 on a 0-10 scale" and it bother her hand more. He completes a physical examination and then notes his treatment plan. He notes to continue Tramadol 50 mg one bid #60 to be taken for inflammation and pain. He has also requested

Medrox ointment for topical pain control. All other medical data submitted are dated prior to these dates of service. A Request for Authorization is dated 10-14-15. A Utilization Review letter is dated 9-28-15 and non-certification for Medrox ointment (Medroxcin) for local application 100gram and Tramadol 50mg one po BID #60 taken as needed. A request for authorization has been received for Medrox ointment (Medroxcin) for local application 100gram and Tramadol 50mg one po BID #60 taken as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment (Medroxcin) for local application 100gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Topical Analgesics.

Decision rationale: Medrox ointment is a topical analgesic containing the active ingredients methyl salicylate 20%, menthol 7% and capsaicin 0.050%. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there are no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.050% is not recommended by the MTUS Guidelines, the use of Medrox ointment is not recommended. The request for Medrox ointment (Medroxcin) for local application 100gram is not medically necessary.

Tramadol 50mg one po BID #60 taken as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical

daily living or a reduction in work restriction as measured during the history and physical exam. Per the available documentation, the injured worker's pain is not controlled with previous use of Tramadol and there is no objective evidence of functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg one po BID #60 taken as needed is not medically necessary.