

Case Number:	CM15-0041933		
Date Assigned:	03/12/2015	Date of Injury:	06/06/2011
Decision Date:	05/05/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 45 year old female, who sustained an industrial injury on 6/6/11. She reported bilateral shoulder pain. The injured worker was diagnosed as having shoulder strain, rotator cuff syndrome and bilateral bicipital tenosynovitis. Treatment to date has included oral medications including opioids, decompression and debridement of bilateral shoulders. Currently, the injured worker complains of continued bilateral shoulder pain. The injured worker noted continued improvement in shoulder pain due to physical therapy and medications. Upon physical exam, tenderness to palpation at anterior capsule/cuff, tenderness at AC joint, rotator cuff weakness and myofascial tenderness to palpation are noted of bilateral shoulders. A request for authorization was submitted for APAP/TRA, Dendracin and Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen/tramadol 325-37.5mg #60 with 2 refills, as prescribed on 02/09/2015:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Tramadol with acetaminophen is a medication in the opioid and general pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing pain in the neck and both shoulders. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no indication the worker had improved pain intensity or function with this medication, description of how often this medication was needed and taken, documented exploration of potential negative effects, or individualized risk assessment. In the absence of such evidence, the current request for sixty tablets of tramadol with acetaminophen 37.5/325mg with two refills as prescribed on the date of service 02/09/2015 is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

Dendracin 120ml with 2 refills, as prescribed on 02/09/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Dendracin neurodendracin, Physician's Science and Nature, Inc website. Accessed 5/01/2015. <http://www.physicianscience.com/>.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. Dendracin is a topical compound that contains medications from the non-steroidal anti-inflammatory drug (NSAID) (methyl salicylate 30%) and general pain reliever (menthol 10% and capsaicin 0.025%) classes. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. The Guidelines do not support the use of topical menthol. There was no discussion

describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 120mL of dendracin with two refills as prescribed on the date of service 02/09/2015 is not medically necessary.

Orphenadrine 100mg #30 with 2 refills, as prescribed on 02/09/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Orphenadrine is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck and both shoulders. These records indicated the worker had been taking this medication from this class for a prolonged amount of time, and there was no discussion detailing special circumstances that sufficiently supported the recommended long-term use. There also was no discussion suggesting this medication was to be used for a recent flare of lower back pain. In the absence of such evidence, the current request for thirty tablets of orphenadrine 100mg with two refills as prescribed on the date of service 02/09/2015 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available if necessary.