MAXIMUS Federal Services

Case Number:	CM15-0048845		
Date Assigned:	03/20/2015	Date of Injury:	01/23/2014
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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

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 58 year old female, who sustained an industrial injury on 1/23/2014. She reported pulling something resulting in hearing a "pop" in the right shoulder with pain. Diagnoses include shoulder sprain, right shoulder full-thickness rotator cuff tear, status post rotator cuff repair 10/2/2014, and chronic pain. Treatments to date include medication therapy, surgery, post-operative physical therapy, activity modification and home exercise. Gabapentin and orphenadrine have been prescribed since January of 2015. Tramadol, cyclobenzaprine, and biofreeze have been prescribed since November of 2014. Currently, the injured worker complains of dull aching right shoulder pain. Examination on 2/20/15 showed limited flexion and abduction of the right shoulder; there was no muscle atrophy or joint swelling. The plan of care included continuation of medications and home exercise and there was a request for an intra-articular steroid injection to the right shoulder. Medications as of February 2015 included biofreeze, cyclobenzaprine, orphenadrine, tramadol, and gabapentin. Work status was temporarily totally disabled. On 3/2/15, Utilization Review (UR) non-certified requests for gabapentin 300 mg #30, orphenadrine citrate ER 100 mg #60 with 5 refills, topical biofreeze #1 with 5 refills, and tramadol 50 mg #120 with 5 refills, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy. A good response to the use of AEDs is defined as a 50% reduction in pain and a moderate response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. This injured worker had chronic right shoulder pain with prior rotator cuff repair. There was no documentation of neuropathic pain. There was no documentation of pain relief or improvement in function and no discussion of presence or absence of adverse effects of this medication. Due to lack of indication per the MTUS and lack of documentation of response to treatment, the request for gabapentin is not medically necessary.

Orphenadrine Citrate ER 100 mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxants prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. The injured worker has been prescribed cyclobenzaprine for three months and orphenadrine for one month. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Orphenadrine is similar to diphenhydramine, but with greater anticholinergic effects; the mode of action is not clearly understood and effects are thought to be secondary to analgesic and anticholinergic properties. Side effects include drowsiness, urinary retention, and dry mouth; it has been reported in case studies to be abused for euphoria and to have mood elevating effects. Two muscle relaxants, orphenadrine and cyclobenzaprine, have been prescribed, which is duplicative and potentially toxic. Due to length of use in excess of the guidelines as well as potential for toxicity, the request for orphenadrine is not medically necessary.

Biofreeze #1 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Uptodate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Biofreeze contains menthol and a blend of inactive ingredients. The MTUS and ODG are silent with regard to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. There was no documentation of trial and failure of antidepressants or anticonvulsants. Due to lack of recommendation by the guidelines, the request for biofreeze is not medically necessary.

Tramadol 50 mg #120 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. No opioid contract was discussed. Work status remained temporarily totally disabled. No random drug testing was discussed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program

performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.