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| Case Number: | CM13-0031648 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 03/23/1983 |
| Decision Date: | 02/04/2014 | UR Denial Date: | 09/16/2013 |
| Priority: | Standard | Application Received: | 10/03/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

A 56-year-old female with date of injury from 03/23/1983. The request for Tramadol Extended Release 150 mg #90 and #2 Medrox ointment 120mg were denied per utilization review letter dated 09/17/2013. Rationale for denial was that Tramadol should not be used as a first-line oral analgesic and there were no indication in the progress report that the patient was not responding to NSAIDs(Non-Steroidal Anti-Inflammatory Drugs). Medrox ointment was denied as it contains 0.0375% Capsaicin which is not supported by MTUS. [REDACTED] report, 06/28/2013, listed diagnoses of cervical discopathy, bilateral carpal tunnel syndrome, right shoulder impingement rule out rotator cuff tear. The patient is presenting with symptoms of neck pain that radiates to the upper extremity with numbness and tingling, bilateral wrist pain, worse on the right side, currently waiting authorization for carpal tunnel release surgery. Tramadol extended release was dispensed as well as Medrox ointment. There were no discussions regarding any efficacy of the medications prescribed. 02/04/2013: Report has similar subjective complaints with same diagnosis. Medications include naproxen, Cyclobenzaprine, Omeprazole, Sumatriptan, Medrox pain relief ointment. 10/14/2013 report was reviewed. Cervical epidural steroid injection treatment was discussed. Course of physiotherapy, chiropractic care, and acupuncture were requested. There is a report from November 2013 with request for authorization. It has check marks next to naproxen, Cyclobenzaprine, Omeprazole, and Tramadol Extended Release. There are no specific discussions regarding how the patient has responded to Tramadol being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tramadol Extended Release 150mg, (DOS 6/28/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Tramadol Page(s): 80.

Decision rationale: This patient presents with chronic neck, shoulder, and upper extremity symptoms with diagnoses of cervical discopathy, bilateral carpal tunnel syndrome, and shoulder impingement. On 06/28/2013, the treating physician prescribed tramadol extended release 150 mg. This was denied by utilization reviewer from 09/16/2013 letter. It appears that the patient has been on naproxen per report, 02/04/2013 and therefore, tried other medications. It would have been reasonable to try Tramadol on this patient given patient's chronic moderate to severe pain. However, for all opiates, lowest dose possible should be utilized before increasing the dose to reach therapeutic level. In this patient, 150 mg of extended release was tried without first trying the smaller dose such as 50 mg or Ultracet dosing. Chronic Pain Medical Treatment Guideline, page 76, states under therapeutic trial of opioids, "Is the patient likely to improve?" Are there any red flags, likelihood of abuse, or an adverse outcome? In this case, none of these questions are addressed. Based on the treating physicians report, it is not even known if the naproxen that the patient have been taking has been effective or ineffective and what the reasons are for starting Tramadol. The treater does not provide any discussion regarding the use of medications in terms of efficacy, function and quality of life. Therefore request for 90 Tramadol ER 150mg is not medically necessary.

2 Medrox Ointment 120mg, (DOS 6/28/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section topical creams Page(s): 111.

Decision rationale: Medrox ointment contains capsaicin 0.0325% as well as methyl salicylate. Chronic Pain Medical Treatment Guideline states that if one of the components of compounded medication contains a compound that is not recommended, then the entire compounded medication is not recommended. This patient presents with chronic neck, shoulder pains, and carpal tunnel syndrome which is a neuropathic condition. Topical NSAIDs Non-Steroidal Anti-Inflammatory Drugs are indicated for peripheral joints such as elbows and knees, but not for larger joints such as spine and shoulder. Topical NSAIDs are not indicated for neuropathic pain, but for osteoarthritis and tendonitis of peripheral small joints. Methyl salicylate contained in Medrox ointment is a topical NSAID. Therefore the request for 2 Medrox Ointment 120mg is not medically necessary.

