

Case Number:	CM14-0128245		
Date Assigned:	09/05/2014	Date of Injury:	04/04/2012
Decision Date:	10/08/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 48-year-old female who reported an injury on 04/04/2012. The mechanism of injury was not provided. She is diagnosed with right wrist flexor tendonitis, right shoulder strain, and right elbow strain. Her past treatments were noted to include cortisone injections, medications, physical therapy, topical analgesics, and use of a TENS unit. On 06/24/2014, the injured worker was noted to complain of continued right shoulder pain, rated 7/10, as well as pain in her right wrist and elbow. It was noted that she felt that her medications were not effective for managing her pain. Her physical examination revealed reduced range of motion in the right shoulder and a positive impingements sign. Her medications were noted to include tramadol, cyclobenzaprine, and Lidopro ointment. The treatment plan included medication refills, continued participation in a home exercise program with use of a TENS unit, and continued physical therapy for the right upper extremity. It was noted that the medication refills were recommended for topical analgesia. The specific rationale for the TENS patches was not provided. A Request for Authorization form was submitted on 06/24/2014 for TENS patches, Lidopro ointment, cyclobenzaprine, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to the California MTUS Guidelines, use of a TENS unit may be supported for neuropathic pain when used as an adjunct to a program of evidence based functional restoration. The injured worker was noted to be using a TENS unit in conjunction with her home exercise program. However, the documentation did not indicate that she had significant positive outcomes with use of the TENS unit, as there was no documentation showing that she had significant pain relief, medication reduction, or improved function with use of the unit. In the absence of documentation showing a positive outcome, continued use of the TENS unit is not supported. Consequently, the request for TENS patches is not medically necessary.

Tramadol 37.5/32 5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical documentation submitted for review indicated that the injured worker was prescribed tramadol on 05/30/2014 for additional pain relief. However, at her followup visit on 06/24/2014, there was a lack of documentation showing significant pain relief evidenced by measurable pain scales with and without medications. In addition, it was specifically noted that she felt at times that her medications were not effective for managing her pain. In addition, the documentation did not indicate that she had any significant functional gains with use of the medications and there was no documentation regarding adverse effects with the addition of tramadol. Moreover, the documentation did not indicate that she had been monitored for risk of abuse and there was no evidence of a urine drug screen to verify compliance with her opioid treatment. In the absence of documentation showing significant pain relief, functional status, and evidence of compliance, continued use of opioid medications is not supported. In addition, the request as submitted, failed to include a frequency of use. For the reasons noted above, the request is not medically necessary.

Lidopro Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Salicylate topicals Page(s): 111-113, 105.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker was noted to have pain in the right shoulder, right wrist, and right elbow. However, her pain was noted to be aching and sharp in nature but there was no documentation indicating that she had neuropathic type pain. Further, there was no documentation indicating that she had tried and failed an adequate course of antidepressant and/or anticonvulsants prior to her use of Lidopro ointment. In addition, the guidelines state that any topical compounded product that contains at least 1 drug that is not recommended, is not recommended. Lidopro ointment is noted to consist of capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. The guidelines specify that topical salicylates are recommended as they have been shown to be better than placebo for chronic pain. In regard to capsaicin, the guidelines state that topical capsaicin is recommended only as an option in patients who have not responded or were intolerant to other treatments, and topical capsaicin is not recommended in a formulation over 0.025% as higher formulations have not been shown to provide any further efficacy. In regard to lidocaine, the guidelines state that topical lidocaine is only recommended in the formulation of the brand name Lidoderm patch for neuropathic pain, but other formulations are not indicated for neuropathic pain. The clinical information submitted for review failed to provide detailed documentation showing that the injured worker had been intolerant or nonresponsive to first line treatments in order to warrant use of topical capsaicin. Moreover, the formulation of capsaicin included in the Lidopro ointment is a 0.0325% formulation which exceeds the 0.025% formulation recommended by the guidelines. Moreover, lidocaine, other than in the formulation of the Lidoderm patch, is not supported by the guidelines, making the lidocaine found in the Lidopro ointment also not supported. Therefore, despite a recommendation for methyl salicylate by the guidelines, as the topical compound requested contains capsaicin 0.0325% and lidocaine, the compound is also not supported. Furthermore, the request failed to indicate a frequency and quantity of the request. For the reasons noted above, the request for Lidopro Ointment is not medically necessary.

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

Decision rationale: According to the California MTUS Guidelines, cyclobenzaprine may be supported for the short term treatment of chronic pain and muscle spasm, but is not recommended for chronic use based on limited evidence for this indication. The guidelines specify that this medication is not recommended to be used for longer than 2 to 3 weeks. The submitted clinical documentation indicates that the injured worker had right upper extremity pain. Her 06/24/2013 note indicated that she denied significant pain relief from her current medications. However, it was noted that she was given refills of tramadol, cyclobenzaprine, and Lidopro ointment. However, the documentation failed to indicate the duration of use of cyclobenzaprine as previous notes did not indicate that she was utilizing this medication. However, as long term use, specifically use longer than 2 to 3 weeks is not supported, a refill of this medication would not be supported. Moreover, the injured worker was not noted to have subjective complaints or objective findings of spasm and she denied significant pain relief from

use of medications. Furthermore, the request as submitted, failed to indicate a dose, frequency, and quantity. Consequently, the request for cyclobenzaprine is not medically necessary.