

Case Number:	CM14-0147364		
Date Assigned:	09/15/2014	Date of Injury:	11/01/2010
Decision Date:	10/15/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/10/2014

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 Occupational Medicine 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 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 patient is a 47-year-old female who has submitted a claim for left De Quervain, lumbar spine sprain/strain, and internal derangement of the knee, not otherwise specified associated with an industrial injury date of 11/01/2010. Medical records from 02/03/2014 to 08/08/2014 were reviewed and showed that patient complained of neck, low back, left wrist, and bilateral knee pain graded 8/10. Physical examination of the left wrist revealed tenderness over first dorsal compartment, reduced grip strength, hypesthesia along median nerve distribution, and positive Tinel's and Phalen's tests. Physical examination of the lumbar spine revealed tenderness over paravertebral muscles, restricted ROM, and positive SLR tests bilaterally. Physical examination of bilateral knees revealed tenderness over joint lines and positive McMurray's tests. Complete evaluation of the cervical spine was not made available. MRI of the cervical spine dated 07/01/2011 was unremarkable. Treatment to date has included physical therapy, Voltaren, Tramadol (prescribed since 2011), Cyclobenzaprine, Tylenol with Codeine 300/30mg (unspecified quantity; prescribed since 11/04/2013), TENS, acupuncture, Medrox ointment (prescribed since at least 11/15/2012), and Hydrocodone 10/325mg (DOS: 08/18/2014). Of note, the patient suffered skin burns with Medrox use (06/16/2014). There was documentation of unquantified pain relief with pain medications. However, it was unclear as to which pain medications provided relief. There was no documentation of ongoing opioid treatment monitoring. Utilization review dated 08/18/2014 denied the request for Medrox pain relief ointment because there was no documentation of intolerance to other treatments. Utilization review dated 08/18/2014 denied the request for Hydrocodone 10/325mg #60 and Tylenol with Codeine #3 300/30mg #60 because there was no documentation of ongoing opioid treatment monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #3 300-30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, Opioids Page(s): 35; 78.

Decision rationale: Tylenol #3 (Tylenol with codeine) is a brand name for acetaminophen with codeine. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 35, codeine is recommended as an option for mild to moderate pain. Ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Tylenol with Codeine 300/30mg since 11/04/2013. There was documentation of pain relief with pain medications. However, it was unclear as to whether pain relief was derived from Tylenol or from other pain medications. Moreover, there was no documentation of ongoing opioid treatment monitoring as required by the guidelines to support continued Tylenol use. Therefore, the request for Tylenol with Codeine #3 300-30mg #60 is not medically necessary.

Medrox Pain Relief Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105; 111.

Decision rationale: Medrox ointment contain: 0.0375% Capsaicin; 5% Menthol; and 5% Methylsalicylate. California MTUS Chronic Pain Medical Treatment Guidelines states that there are no current indications for Capsaicin formulation of 0.0375% as an increase over a 0.025% formulation would provide any further efficacy. ODG Pain Chapter also states that topical pain relievers that contain: Menthol, Methylsalicylate, and Capsaicin, may in rare instances cause serious burns. On page 105 of CA MTUS states that Salicylate topicals are significantly better than placebo in chronic pain. In this case, the patient was prescribed Medrox ointment since at least 11/15/2012. The patient suffered skin burns with Medrox use (06/16/2014). Moreover, the 0.0375% formulation content of capsaicin exceeds the guidelines recommendation of 0.025% formulation for capsaicin. The guidelines state that any compounded product that contains one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Medrox Pain Relief Ointment is not medically necessary.

Hydrocodone 10-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Hydrocodone 10/325mg (DOS: 08/18/2014). However, medical records submitted for review were from 02/03/2014 to 08/08/2014. There is no clear discussion concerning adjuvant opioid therapy with current medications. The medical necessity cannot be established due to insufficient information. Therefore, the request for Hydrocodone 10-325mg #60 is not medically necessary.