

Case Number:	CM15-0062996		
Date Assigned:	04/08/2015	Date of Injury:	06/11/2014
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female injured worker suffered an industrial injury on 06/11/2014. The diagnoses included right chronic regional pain syndrome and right shoulder arthroscopy. The diagnostics included magnetic resonance imaging of the right shoulder, electromyographic studies, and cervical magnetic resonance imaging. The injured worker had been treated with trigger point injections and medications. On 3/6/2015, the treating provider reported constant numbness and pain in the entire right arm. She reported color changes of the right hand, swelling and puffiness. She also has dyesthesia in her arm and hand. She had trouble holding things and can be hot then cold rated with pain at 8/10. The treatment plan included Cyclo/Tramadol cream and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo/Tramadol cream, quantity 1 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94; 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: Per the recent reports provided for review the patient presents with CRPS s/p right shoulder arthroscopy with constant numbness and pain in the entire right arm along with lower back pain. The current request is for Cyclo/Tramadol cream quantity 1 with one refill. The RFA is not included; however, the 03/26/15 utilization review references RFA's dated 02/16/15 and 03/22/15. The patient is cleared to work modified duties; however, it is unclear if he is currently working. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not discussed under the MTUS Topical analgesics section, which states on page 113, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." In this case, the currently requested medication contains Cyclobenzaprine, a muscle relaxant, which is not recommended by the MTUS for topical formulation. Therefore, the requested medication is not recommended. The request IS NOT medically necessary.

Tramadol 50mg quantity 60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94; 67-68; 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: Per the recent reports provided for review the patient presents with CRPS s/p right shoulder arthroscopy with constant numbness and pain in the entire right arm along with lower back pain. The current request is for Tramadol 50 mg quantity 60 with one refill an opioid analgesic. The RFA is not included; however, the 03/26/15 utilization review references RFA's dated 02/16/15 and 03/22/15. The patient is cleared to work modified duties; however, it is unclear if he is currently working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. It is unclear from the reports provided for review how long the patient has been prescribed Tramadol. The reports show the patient has been prescribed opioids, Norco/Hydrocodone, since at least 01/21/15 and Butrans on 01/09/15. Pain is routinely assessed through the use of pain scales and the reports do make the general statement that medications help the patient; however, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales with opioid usage. While the patient is noted to return to modified duties on 03/17/15, it is unclear if the patient is currently working. The 01/27/15 report states the patient has not been working and the 11/07/14 report states the patient has been tolerating modified work. No other specific ADL's are mentioned to show a significant change with use of opioids. Side effects are discussed; however, opiate management issues are not fully documented. Adverse behavior is not discussed and No UDS's are included for review or documented. In this case, analgesia,

ADL's and adverse behavior have not been documented as required by the MTUS guidelines; therefore, the request IS NOT medically necessary.