

Case Number:	CM15-0098433		
Date Assigned:	05/29/2015	Date of Injury:	12/19/1996
Decision Date:	06/29/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old female, who sustained an industrial injury on 12/19/1996. Diagnoses include bilateral shoulder impingement status post surgery right shoulder, cervical discopathy with disc displacement, cervical radiculopathy and rule out carpal tunnel syndrome. Treatment to date has included medications including Norco and Butrans patches. Per the Primary Treating Physician's Progress Report dated 11/03/2014, the injured worker reported increasing pain in the right hand with numbness and tingling as well as swelling. She also reported cervical pain radiating down both arms and both shoulders. She has the beginning of left shoulder pain in addition to her right shoulder pain that is increasing with activity. Physical examination of the cervical spine revealed tenderness in the paraspinal musculature with decreased range of motion secondary to pain and stiffness. Examination of the bilateral shoulders revealed tenderness in the acromioclavicular joint. Neer's, Hawkin's and O'Brien's tests are positive. Examination of the right hand and wrist revealed positive Tinel's and Phalen's signs. The plan of care included oral and topical medications and authorization was requested for compound cream Cyclobenzaprine 10%, Tramadol 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patches 20mcg #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid dosing, when to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, p26.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1996. She continues to be treated for radiating neck pain and bilateral shoulder pain. When seen, there was bilateral shoulder tenderness with positive impingement testing. Tinel's and Phalen's testing was positive on the right. Medications include Butrans and Norco. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, the claimant is also taking Norco at a low MED (morphine equivalent dose). There is no history of detoxification from high dose opioid medication or that the current medications are providing decreased pain, increased level of function, or improved quality of life. Butrans was not medically necessary.

Cyclobenzaprine 10%, Tramadol 10% cream 15gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter (online version) and ACOEM 2004 OMPG, Initial Approaches to Treatment, Chapter 3, Physical Methods, page 49, topical medications are not recommended.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1996. She continues to be treated for radiating neck pain and bilateral shoulder pain. When seen, there was bilateral shoulder tenderness with positive impingement testing. Tinel's and Phalen's testing was positive on the right. Medications include Butrans and Norco. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product and guidelines indicate that there is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this topical medication was not medically necessary.

Cyclobenzaprine 10%; Tramadol 10% Cream 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter (online version), topical analgesics and ACOEM 2004 OMPG, Initial Approaches to Treatment, Chapter 3, Physical Methods, page 49 topical medications are not recommended.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1996. She continues to be treated for radiating neck pain and bilateral shoulder pain. When seen, there was bilateral shoulder tenderness with positive impingement testing. Tinel's and Phalen's testing was positive on the right. Medications include Butrans and Norco. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product and guidelines indicate that there is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this topical medication was not medically necessary.