

Case Number:	CM13-0034287		
Date Assigned:	12/06/2013	Date of Injury:	02/01/2011
Decision Date:	04/21/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/14/2013

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 Family Medicine and is licensed to practice in Arizona. 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 58-year-old male with a date of injury on 2/1/2011. The patient has had ongoing complaints of bilateral wrist and hand pain. The patient had right carpal tunnel release and right thumb carpometacarpal (CMC) joint arthroplasty. Subjective complaints are of throbbing sharp pain in the right hand, that is made worse with activity. Physical exam shows tenderness over the right thumb, left wrist positive median nerve compression, and positive Tinel's and Phalen's test. Submitted documentation does not indicate current or prior medication use, or intended duration of use for the requested medications

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TOPICAL GABAPENTIN POWDER 3 GRAMS (FOR DATE OF SERVICE 3/15/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED
Page(s): 16.

Decision rationale: CA chronic pain guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product

combines gabapentin. CA MTUS indicates that gabapentin is an anti-seizure medication and is recommended for neuropathic pain. CA MTUS also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an automated external defibrillator (AED) for neuropathic pain depends on these improved outcomes. The medical records do not indicate any pain relief or functional improvement specific to this medication. Guidelines also do not recommend topical gabapentin as no peer-reviewed literature support their use. Therefore, the medical necessity of topical gabapentin is not established.

PRESCRIPTION OF TOPICAL CYCLOBENZAPRINE POWDER 3 GRAMS (FOR DATE OF SERVICE 3/15/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: CA MTUS guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient had been using muscle relaxers since onset of injury which is longer than the recommended course of therapy of 2-3 weeks. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of cyclobenzaprine. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear benefit from adding this medication the requested prescription for cyclobenzaprine is not medically necessary.

PRESCRIPTION OF TOPICAL TRAMADOL POWDER 6 GRAMS (FOR DATE OF SERVICE 3/15/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-117, 75..

Decision rationale: CA chronic pain guidelines are clear that if the medication contains one drug that is not recommended then the entire product should not be recommended. Guidelines do not recommend topical tramadol as no peer-reviewed literature support its use. CA chronic pain guidelines have specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Furthermore, no documentation is presence of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the requested tramadol is not medically necessary.

PRESCRIPTION OF TOPICAL FLURBIPROFEN POWDER 6 GRAMS: Upheld

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

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

Decision rationale: CA MTUS indicates that topical non-steroidal anti-inflammatory drug (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. CA MTUS also indicates that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support their use. They are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). For this patient, documentation does not mention the ongoing use of this medication, or efficacy for pain relief or functional improvement, or failure or intolerance of oral medications. Therefore, the medical necessity of this medication is not established.