

<b>Case Number:</b>	CM13-0036144		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/18/2007
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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 52-year-old male who reported an injury on 05/18/2007. The patient is diagnosed with ulnar neuropathy, median neuropathy, upper extremity overuse, tendinopathy, bilateral carpal tunnel syndrome, and status post bilateral cubital tunnel release. The patient was seen by [REDACTED] on 11/19/2013. The patient's physical examination revealed tenderness to palpation over the lateral epicondyle are, positive Tinel's over the cubital tunnel, tenderness to palpation at the cubital tunnel, claw hand on the right side, thenar atrophy, thumb opposition, limited hand grip strength, diminished sensation of the median and ulnar nerve on the right, and mild to moderate median sensation loss on the left. Treatment recommendations included continuation of current medications including naproxen, gabapentin, Norco, and a compounded cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, there is no evidence of this patient's current utilization of this medication. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.

**Ibuprofen 800mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation ODG Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the documentation submitted, the patient was issued a prescription for naproxen 550 mg. There is no evidence of this patient's current utilization of this medication. The medical necessity for 2 separate NSAID medications has not been established. Furthermore, there is no evidence of long-term effectiveness for pain or function. Based on the clinical information received, the request is non-certified.

**Norco 10/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient's physical examination continues to reveal positive Tinel's testing, tenderness to palpation, atrophy, diminished grip strength, and sensation loss. There is no documentation of a satisfactory response to treatment. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**TGHot 180mg cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient does maintain diagnoses of bilateral carpal tunnel and bilateral cubital tunnel syndrome. The patient also maintains a diagnosis of ulnar and median nerve neuropathy. However, there is no evidence of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. The patient was issued a prescription for gaba/keto/lido cream on 11/19/2013. There is no evidence of this patient's current utilization of TGHot 180 mg cream. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.