

Case Number:	CM13-0037728		
Date Assigned:	12/18/2013	Date of Injury:	12/10/2012
Decision Date:	04/18/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 50-year-old female presenting with right arm and wrist pain following a work-related injury on December 10, 2012. On November 13, 2013 the claimant complains of right upper arm, forearm, and elbow and wrist pain. The pain was associated with weakness, numbness, giving way, locking and swelling in the right hand and thumb. The pain radiates to the right arm and hand and fingers. The pain is aggravated by overhead reaching, lifting, pushing, pulling, grabbing, twisting and bending. The medical records note that the claimant is currently off work. The physical exam was significant for right wrist, surgical scar from previous surgery, tenderness to palpation over the first dorsal compartment, Finkelstein's test was positive, 4-5 strength with dorsiflexion, palmar flexion, radial deviation and ulnar deviation, and restricted range of motion due to pain and spasms. MRI of the right wrist revealed increased signal the transverse retinaculum near the median nerve which may represent carpal tunnel syndrome, subchondral cyst formation of proximal and medial aspects of the lunate bone measuring 5 mm in size which may result in repetitive trauma or degenerative changes, and joint effusion of the wrist joint. The claimant was diagnosed with right De Quervain's tenosynovitis and status post right wrist surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 180 GRAMS OF TGHOT (TRAMADOL 8%/ GABAPENTIN 10%/ MENTHOL 2%/ CAMPHOR 2%/ CAPSAICIN 0.05%): 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): 111-112.

Decision rationale: TGHot compound cream is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". TGHot is a compound cream containing Capsaicin. Per MTUS page 112, Capsaicin is indicated for fibromyalgia, osteoarthritis and non-specific back pain in patients who have not responded or are intolerant to other treatments. At that point only the formulations at 0.025% or 0.075% is recommended. The medical records do not indicate that the claimant has fibromyalgia, osteoarthritis or nonspecific back pain. In regards to the topical NSAID, MTUS guidelines indicates this medication for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Topical Capsaicin is also recommended for short-term use (4-12 weeks). TGHot compound cream is therefore not medically necessary.

1 180 GRAMS FLURFLEX (FLURBIPROFEN 15%/ CYCLOBENZAPRINE 10%:
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): 111-112.

Decision rationale: FluriFlex compound cream is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Fluriflex is a compounded drug containing topical NSAID. Per MTUS page 112, topical NSAIDs is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The medical records also do not indicate the length of use. FluriFlex compound cream is therefore not medically necessary.

90 TABLETS OF TRAMADOL 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 83.

Decision rationale: Tramadol is not medically necessary. Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid.