

Case Number:	CM13-0038122		
Date Assigned:	12/18/2013	Date of Injury:	08/27/1997
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/27/2013

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 at least 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 55-year-old female who reported an injury on 08/27/1997. The mechanism of injury was not provided. The patient was noted to have ongoing bilateral hand and wrist symptomatology. The patient was noted to have had left hand surgery in 06/2012. The physical examination revealed the patient had tenderness to palpation at the surgical site with limited mobility. The patient was noted to have carpometacarpal joint pain on the right wrist and the Finkelstein's test was noted to be mildly positive. The diagnoses were noted to include right elbow epicondylitis and status post left hand surgery. The request was made for 1 smart glove for the left hand, 1 prescription of Tramadol 50 mg #60, 1 prescription of FluriFlex cream 180 g, and 1 prescription of TGIce cream

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Smart Glove for the Left Hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: ACOEM guidelines recommend the splinting of wrist in neutral position at night and day for patients with Carpal Tunnel Syndrome or De Quervain's Syndrome. The clinical documentation submitted for review, while indicating the patient has tenderness to palpation at the surgical site with limited mobility, fails to provide the necessity for the requested intervention. It fails to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. Additionally, prolonged splinting may lead to weakness and muscle atrophy. Given the above and the lack of documentation of exceptional factors, the request for 1 smart glove for the left hand is not medically necessary.

1 Prescription of Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 78-82.

Decision rationale: California MTUS state that Tramadol (Ultram) is not recommended as a first-line therapy and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's. Additionally, it failed to provide documentation for the necessity of Tramadol oral and topically, as Tramadol is part of 1 of the other requested prescriptions. Given the above and the lack of documentation, the request for 1 prescription of Tramadol 50 mg #60 is not medically necessary.

1 Prescription of Fluriflex cream 180gm: Upheld

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

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

Decision rationale: The ingredients of FluriFlex topical are Flurbiprofen 15% Cyclobenzaprine 10%. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. The CA MTUS indicates topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution...California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended." The clinical documentation submitted for

review failed to provide the efficacy of the requested medication. Additionally, it failed to provide exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for 1 prescription of FluriFlex cream is not medically necessary.

1 Prescription of TGIce cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Topical Salicylates, Topical Analgesics, Gabapentin Page(s): 105, 111-113.

Decision rationale: The California MTUS states, "Topical analgesics are largely experimental in use with 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....Topical Salicylates are recommended... Tramadol is not recommended as a first line therapy...Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The clinical documentation submitted for review failed to provide the necessity for 2 forms of Tramadol. Additionally, it failed to provide exceptional factors to warrant non-adherence to guideline recommendations. Given the above and the lack of documentation of exceptional factors, the request for 1 prescription of TGIce cream is not medically necessary.