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| Case Number: | CM13-0045523 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/30/2007 |
| Decision Date: | 03/07/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

Applicant is a 43 year old female who sustained a work related injury on 07/30/2007 and was diagnosed with CRPS, elbow pain, wrist pain, ulnar neuritis, ulnar cubital tunnel syndrome, chronic pain, and tennis elbow. Applicant complains of "shooting" pain up both arms, along with elbow pain, and her hands falling asleep. Applicant has undergone physical therapy, medial and lateral elbow surgery, as well as carpal tunnel release, and injections. She also uses night braces to assist with her wrist. Report dated 09/19/2013 from [REDACTED] confirmed no new constitutional symptoms except for decreased pain in the arms. She was alert and oriented x4 in no acute distress. Tenderness more so on the right upper extremity than left, including the 3 surgical sites. [REDACTED] requested 1 tube of Flurbiprofen cream 20%, 1 tube of Tramadol cream 10%, 30 Tablets of Venaflexine (Effexor) 75 mg, 90 Tablets of Orphenadrine 100 mg, and Topiramate 50 mg. Per MTUS guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficiency or safety. There is little to no research to support the use of many of these agents therefore the request was denied. Also the effectiveness of the prior orphenadrine, topiramate, and citalopram use was not documented to allow continuation of this medication. It was unclear as to why Effexor was initially prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Topiramate 50mg .: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs). Page(s): 21..

Decision rationale: The Physician Reviewer's decision rationale: Topiramate is considered second line of therapy, due to its side effects (kidney stone, glaucoma) for the treatment of neuropathic pain when other agents fail. The records however show that the patient was on Gabapentin at 100 mg bid which is considered a low starting dose, which should have been titrated up (rather than adding Topiramate to the current regimen). Therefore, the medical necessity of the requested treatment cannot be established at this time.

90 Tablets of Orphenadrine 100mg .: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Page(s): 63-65..

Decision rationale: The Physician Reviewer's decision rationale: Orphenadrine is a muscle relaxant that is used in acute musculoskeletal pain such as in exacerbation of low back pain. Furthermore, there is no documentation of muscle spasms to justify the use of Orphenadrine in this patient. In fact, the patient has been diagnosed with neuropathic pain in which Orphenadrine has little role, if none, in its management. Therefore the medical necessity of the requested treatment cannot be established.

1 Tube of Flurbiprofen Cream 20% .: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Page(s): 70-72..

Decision rationale: There is little evidence in the randomized clinical trials to prove the long term efficacy of topical NSAID analgesics such as Flurbiprofen, as their efficacy has been inconsistent and diminish over time. Furthermore, the patient's pain is mainly of neuropathic type. Therefore the medical necessity of the requested treatment cannot be established.

1 tube of Tramadol Cream 10%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The Physician Reviewer's decision rationale: There is no evidence of any randomized clinical trials to prove the long term efficacy of topical analgesics such as Tramadol, as it is a centrally acting analgesic and is not FDA approved for topical use. Furthermore, the patient's pain is mainly of neuropathic type. Therefore the medical necessity of the requested treatment cannot be established.

30 tablets of Venaflexine(Effexor) 75mg .: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Page(s): 65-68..

Decision rationale: The Physician Reviewer's decision rationale: The use of Venlafaxine for neuropathic use is considered off-label and is not FDA approved. Tricyclic antidepressants are considered the first line of therapy in the management of neuropathic pain. There is little clinical based peer reviewed evidence to demonstrate the long term efficacy of Venlafaxine in the treatment of neuropathic pain. Additionally, the patient has already been taking Celexa 20mg/day. Therefore the medical necessity of the requested treatment cannot be established.