

Case Number:	CM13-0051561		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2009
Decision Date:	03/17/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This patient is a 66 year old female with date of injury 9/30/09. The mechanism of injury is not described. The patient has complained of bilateral wrist and hand pain since the date of injury. She has had several surgeries to include bilateral carpal tunnel releases and left thumb CMC joint arthroplasty. Radiography of the bilateral wrists and hands showed degenerative joint disease bilaterally and postoperative changes on the left. In addition to surgeries, she has been treated with physical therapy, chiropractic care, steroid injections, and medications. Objective: positive Phalen's and Tinel's tests bilaterally, decreased sensation to light touch over the left sensory branch of the radial nerve. The patient has a diagnoses of arthralgia of the bilateral wrists, bilateral carpal tunnel syndrome, bilateral DeQuervain's tenosynovitis. Treatment plan included LidoPro topical ointment, Tramadol ER 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

LipoPro Topical Ointment provided on 9/4/13: 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.

Decision rationale: The Physician Reviewer's decision rationale: This patient is a 66 year old female that has complained of chronic wrist pain since date of injury 9/30/09. Per the Chronic Pain Medical Treatment guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. For this reason, the coverage criteria have not been met. Therefore, the LidoPro topical ointment is not indicated as medically necessary and appropriate

Tramadol ER 150mg #60 provided on 9/4/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 84-85, 93, 113.

Decision rationale: This patient is a 66 year old female that has complained of chronic wrist pain since date of injury 9/30/09. There are no adequate physician provider notes that address the specific indications for the use of a semisynthetic opioid in this patient and no provider documentation that assesses the patient with respect to function, specific benefit, return to work, signs of abuse and discussion of treatment alternatives other than a semisynthetic opioid. There is no documentation of a plan to determine specific functional benefit or adequate monitoring. With this lack of documentation and the coverage criteria have not been met. Therefore, Tramadol ER is not medically necessary and appropriate.