

Case Number:	CM13-0058941		
Date Assigned:	12/30/2013	Date of Injury:	12/11/2009
Decision Date:	05/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopedic Surgery 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 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, a 40-year-old female, sustained an injury to the bilateral hands and wrists in a work-related function on 12/11/09. The records provided for review included a 10/14/13 follow up report documenting continued hand and wrist pain and numbness. An examination revealed tenderness over the paraspinal muscles in the neck and wrist. The examination also showed tenderness to palpation over the wrists diffusely in a bilateral fashion. The diagnosis was strain with bilateral underlying carpal tunnel syndrome, status post left-sided carpal tunnel release with tenosynovectomy, and a diagnosis of continued bilateral hand sprains. The recommendations were made for continued physical therapy and multiple medications. Formal documentation of imaging was not noted. At present, this request is for continued use of Tramadol, Relafen, Omeprazole, and Flurflex cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR FLURIFLEX 180GM (DOS 10-14-13): Upheld

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

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

Decision rationale: The Chronic Pain Guidelines do not recommend the continued use of Flurflex cream. Flurflex is a topical anti-inflammatory medication and a compounded analgesic. The Guidelines also indicate that the only topical anti-inflammatory recommended for use is Diclofenac. The specific request of this agent containing Flurbiprofen would not be indicated.

RETROSPECTIVE REQUEST FOR OMEPRAZOLE 20MG #90 (DOS 10-14-13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS, AND CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The Chronic Pain Guidelines indicate that clinicians should weight the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. The Guidelines also indicate that the clinician should determine if the patient is at risk for gastrointestinal events. The risk include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID, such as NSAID + low-dose ASA. In the medical records provided for review, there is no documentation that the claimant has a significant GI risk factor that would support the need for use of Omeprazole (a proton pump inhibitor). The absence of the above information would fail to necessitate the continued role of this agent.

RETROSPECTIVE REQUEST FOR RELAFEN 750MG #60 (DOS 10-14-13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68.

Decision rationale: The Chronic Pain Guidelines indicate that non-steroidal medications should be used at the lowest dose possible for the shortest period of time possible. The records indicate chronic use of this agent; however, the records do not show any evidence of recent benefit from taking the medication. The continued chronic use of Relafen in the absence of documentation to support an acute symptomatic flare of symptoms would not be supported as medically necessary.

RETROSPECTIVE REQUEST FOR TRAMADOL 50MG #90 (DOS 10-14-13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM) AND OPIOIDS, SPECIFIC DRUG LIST Page(s): 91-94.

Decision rationale: The Chronic Pain Guidelines do not recommend using Tramadol beyond sixteen (16) weeks. The Guidelines also indicate that Tramadol is not recommended as a first-line oral analgesic. The specific request for Tramadol for this claimant's clinical treatment of bilateral carpal tunnel syndrome and neck complaints would not be indicated for chronic use.