

Case Number:	CM13-0065819		
Date Assigned:	01/03/2014	Date of Injury:	04/29/2010
Decision Date:	05/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/14/2013

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 Internal and Emergency Medicine 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 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:

This patient is a 37 year-old with a date of injury of 04/29/10. A progress report associated with the request for services was brief but identified subjective complaints of upper extremity pain. Objective findings are not listed. Diagnoses are handwritten and difficult to read but included carpal tunnel syndrome and lateral epicondylitis. Treatment has included extracorporeal shockwave therapy, NSAIDs, and topical analgesics. A Utilization Review determination was rendered on 12/05/13 recommending non-certification of "TD cream amitramadol with lido 240g and naproxen 550mg #60".

IMR ISSUES, DECISIONS AND RATIONALES

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

TD CREAM AMITRAMADOL WITH LIDO 240G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics Section and Clin J Pain.2008 Jan; 24 (1): 51-5; www.updates.pain-topics.org; J Anesth.2010 Oct; 24 (5): 705-8.

Decision rationale: The requested compound consists of tramadol, an opioid analgesic, lidocaine, an anesthetic, and amitriptyline, a tricyclic antidepressant. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Tramadol is an opioid analgesic being used as a topical agent. The efficacy of topical tramadol is not specifically addressed in the MTUS or the Official Disability Guidelines (ODG). There is some data that topical tramadol has efficacy directly at an acute postsurgical site. However, there is insufficient data to assure that significant systemic absorption does not occur. Lacking definitive data on the efficacy of topical tramadol, the medical record does not document neuropathic pain that has failed antidepressant or anticonvulsant therapy or other compelling reason for its use. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that lidocaine showed no superiority over placebo for chronic muscle pain. Also, the FDA has issued warnings about the safety of these agents. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, in this case, there is no demonstrated medical necessity for lidocaine with this type of formulation. Therefore, in this case, there is no documentation of the failure of conventional therapy, specified indications for, or recommendation for all the ingredients of the compound and therefore the medical necessity of the compounded formulation. Therefore, the request is not medically necessary.

NAPROXEN 550MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Section Page(s): 67-73.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory agent (NSAID). NSAIDs have been recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. The record indicates that the therapy is long-term rather than for a short period. Since NSAIDs are recommended for the shortest period possible, there must be documented evidence of functional improvement to extend therapy beyond that. In this case, there is no documentation of the functional improvement related to naproxen and therefore no medical necessity. Therefore, the request is not medically necessary.