

Case Number:	CM13-0070317		
Date Assigned:	01/03/2014	Date of Injury:	06/19/1990
Decision Date:	04/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational 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 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 patient is a 60 year old male who was injured on 07/28/2003 to 11/05/2010. Mechanism of injury is unknown. Prior treatment history has included cortisone injections to the shoulder and wrist braces for carpal tunnel syndrome. Orthopedic follow up note dated 07/25/2013 documented the patient stating that he feels that the effect of injection, bracing and physical therapy have been very helpful. Objective findings on exam included he is sitting comfortably on examination table. Examination of shoulders does not reveal any muscle atrophy. There is near full range of motion in both shoulders. There is mild impingement sign positive bilaterally as well as positive Phalen's test bilaterally. Supplemental Report from [REDACTED] dated 11/05/2013 documented the patient has been discharged from orthopedic surgeon. His symptoms of shoulder impingement and carpal tunnel syndrome are improved at this time and he has been released from care. Objective findings on exam musculoskeletal exam examination revealed shoulder range of motion is grossly intact with painful extremes on flexion and abduction. There is positive right wrist Tinel and weakness by right Jamar; right 12 and left 20. There is positive median nerve compression test bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CREAMS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS guidelines state topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. However, there is little to no research to support the use of many of these agents. The submitted medical records do not clearly document the contents of the requested topical creams. In absence of this documentation, the medical necessity of the request cannot be established. Indication is that the request may be made for topical creams containing tramadol. In regards to tramadol, the guidelines state it is a centrally acting synthetic opioid analgesic that is not recommended as a first-line oral analgesic. The evidence-based guidelines do not appear to recommend or support topical compounds containing a synthetic opioid which is not recommended as a first-line therapy. In addition, the medical records do not substantiate that the patient is unable to tolerate oral medications, which would be considered standard first-line intervention. The medical necessity of topical creams has not been established. Topical creams are non-certified.

TRAMADOL 30MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to the guidelines, Tramadol (Ultram[®]) is a centrally acting synthetic opioid analgesic that is not recommended as a first-line oral analgesic. The medical records do not document the inability to tolerate standard first-line oral analgesics. There is also no documentation of functional benefit or pain reduction attributable to Tramadol use. Further, long-term opioid use for chronic pain has not been shown to achieve key outcome measures in terms of pain, function, or quality of life. The medical necessity of tramadol has not been established. Tramadol is non-certified.