

Case Number:	CM13-0070964		
Date Assigned:	01/08/2014	Date of Injury:	07/30/2007
Decision Date:	06/05/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 injured worker is a 43 year old female who reported an injury of unknown mechanism on 07/30/2007. In the clinical note dated 09/19/2013, the injured worker had complained of pain down the arms and rated the pain as 4-5/10 with the pain being worse on the right. She indicated the pain was at the previous surgery sites. Her previous surgeries were carpal tunnel release, lateral elbow "tennis elbow" release, and radial nerve release. The injured worker had reported a seizure and had an MRI on 09/10/13. She was being followed up with a neurologist. The injured worker noted she had stopped some of her medications due to the seizure issue; however since she stopped some of the medications, the pain had gotten worse. She stated she wanted to know what the physician would recommend given the circumstances. The physical examination revealed diffuse tenderness about the right more so than the left upper extremity. There was a discussion that included the chronic regional pain in the right upper extremity and residual left upper extremity pain that was not treated surgically because of reactions to previous surgeries. The diagnoses included complex regional pain syndrome 1 of upper extremity, elbow pain, wrist pain, ulnar neuritis, ulnar cubital tunnel syndrome, chronic pain, tennis elbow, and carpal tunnel syndrome. The treatment plan included adjustment of medications for seizure problem. The treatment plan also included continuation of Citalopram 20mg used for stress and depression from pain, Tylenol #3, Zostrix .025% cream, and new prescriptions of Orphenadrine 100mg 1-3 tablets every 24 hours #90 with no refills for spasm and Topiramate 50mg ½ tablet every 24 hours #90 with no refills for sharp pain control. It was documented that the injured worker was "willing" off on Citalopram. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN CREAM 20%, 1 TUBE: 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 request for Flurbiprofen cream 20%, 1 tube is not medically necessary. The California MTUS guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical note lacked documentation of neuropathy, it stated that the injured worker had pain down the arms. The physical examination documented diffuse tenderness about the right more so than the left upper extremity. There was also lack of documentation of the efficacy of the prescribed medications. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Fluriprofen is composed of Fluriprofen, Cyclobenzaprine, and Lidocaine. Cyclobenzaprine is not recommended as a topical analgesic. Therefore, the request for Flurbiprofen 20% cream is not medically necessary.

TRAMADOL 10%, 1 TUBE: 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 request for Tramadol 10% 1 tube is not medically necessary. The California MTUS guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical note lacked documentation of neuropathy, it stated that the injured worker had pain down the arms. The physical examination documented diffuse tenderness about the right more so than the left upper extremity. There was also lack of documentation of the efficacy of the prescribed medications. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol is not recommended as a topical analgesic. Therefore, the request for tramadol 10% is not medically necessary.

VENALEXAFINE (EFFEXOR) 75MG, 30 TABLETS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venalexafine (Effexor), Page(s): 123.

Decision rationale: The request for Venalexafine (Effexor) 75mg, 30 tablets is not medically necessary. The California MTUS guidelines state that Venalexafine is recommended as an option in first-line treatment of neuropathic pain. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75mg b.i.d or 150 mg/day of the ER formula. In the clinical note reviewed, there was lack of documentation of neuropathic pain in the physical examination. The guidelines also state that the initial dose is generally 37.5mg. The clinical document lacked documentation of previous use of venalexafine, as such, the request of Venalexafine 75mg exceeds the recommended initial dose of 37.5mg. Also, there was no documentation of Venalexafine being requested in the clinical note provided for review. Therefore, the request for Venalexafine (Effexor) 75mg, 30 tablets is not medically necessary.

ORPHENADRINE 100 MG, 90 TABLETS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Page(s): 64-65.

Decision rationale: The request for Orphenadrine 100mg, 90 tablets is not medically necessary. The California MTUS guidelines state that antispasmodics are used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The guidelines also state that orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. The recommended dosing for orphenadrine is 100mg twice a day. The clinical note documented the treatment plan for the injured worker to take orphenadrine 100mg 1-3 tablets every 24 hours, which exceeds the recommended dose of 100mg twice a day. Therefore, the request for Orphenadrine 100mg, 90 tablets is not medically necessary.