

<b>Case Number:</b>	CM14-0109348		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 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:

This is a male patient with the date of injury of January 29, 2010. A Utilization Review was performed on June 26, 2014 and recommended non-certification of Naproxen 550mg #60 1 PO q12h with food, Tramadol/APAP 37.5/325mg #100 1 PO q6-8 PRN, and TGHot 8/1/2/2/0.05, 240gm cream to apply a thin layer to affected area BID #1. A Progress Report dated May 29, 2014 identifies Subjective Complaints of bilateral, left greater than right, shoulder pain, right elbow epicondylar pain, and bilateral hand and wrist symptomatology. Physical Examination identifies Tinel's sign is positive in the radial nerve in the right elbow. Tenderness is present in the medial epicondyle, lateral epicondyle, and olecranon process. Motor power is weak in the bilateral elbows and bilateral shoulders. Diagnoses identify bilateral shoulder impingement, upper extremity overuse tendinopathy, hernia status post surgery, gastrointestinal disturbance, bilateral elbow epicondylitis, status post right cubital tunnel release. Treatment Plan identifies prescribed TGHot, Naproxen, and Tramadol/APAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg, # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatories Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

**Tramadol/APAP 37.5/325mg, # 100:** 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 Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Ultracet (tramadol/acetaminophen), California Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet (tramadol/acetaminophen), is not medically necessary.

**TGHot 8/10/2/2/0.05 240gm cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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

**Decision rationale:** Regarding the request for TGHot cream, California MTUS cites that capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Topical gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications

rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested TGHot cream is not medically necessary.