

Case Number:	CM14-0148099		
Date Assigned:	09/18/2014	Date of Injury:	02/05/2010
Decision Date:	12/02/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/11/2014

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 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:

Injured worker is a female with date of injury 2/5/2010. Per primary treating physician's progress report dated 7/23/2014, the injured worker complains of frequent pain in her bilateral shoulders, right greater than left. She describes the pain as sharp and throbbing. She rates her pain as 4-5/10. She notes that her pain is unchanged. She complains of constant pain in her bilateral wrists, right greater than left, which she describes as throbbing and aching. She rates her pain as 6-7/10. She notes that her pain is unchanged. She also complains of decreased muscle mass and strength, stating that her pain is aggravated by repetitive overhead reaching, repetitive lifting, repetitive carrying, repetitive hand and arm movements, pushing, pulling, gripping, and grasping. She states that her pain is reduced with rest and activity modification. On examination, she is right handed, overweight, and she ambulates normally. She has a visible surgical scar on the right carpal tunnel. Palpation reveals nonspecific tenderness at both wrists. Palpation indicates moderate, medial, and lateral tenderness on bilateral wrists. Phalen's test and Tinel's sign are positive on the right wrist. There is poor two point discrimination along median nerve dermatome at >6 mm which is consistent with right carpal tunnel syndrome. Right wrist range of motion is dorsi flexion 25/60, palmar extension 20/60, radial deviation 15/20, ulnar deviation 25/30, pronation 65/80, and wrist supination 60/80. Left wrist range of motion is dorsi flexion 35/60, palmar extension 15/60, radial deviation 15/20, ulnar deviation 15/30, pronation 70/80, and wrist supination 70/80. Diagnoses include 1) bilateral carpal tunnel syndrome 2) status Post-Bilateral Shoulder Surgery, left 1/2013, right 4/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 325/37.5 #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria Use for Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports do not report the improvement experienced with the use of Ultracet, which contains Tramadol and Acetaminophen. There is no report of pain reduction or functional improvement. Pain is reported to be unchanged, and the injured worker reports improvement in her symptoms with rest and activity modification. Medical necessity has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for 1 prescription for Ultracet 325/37.5 #60 with 1 refill is determined to not be medically necessary.

Relafen 500mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to Acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for 1 prescription for Relafen 500mg #60 with 1 refill is determined to not be medically necessary.

Gabaclotran and Flubcyclobicylobaclido 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Opioids for Neuropathic Pain section and Opioids, specific drug list section, Topical An.

Decision rationale: Gabacloclotran and Flubicylobicyclobaclido are compounded topical analgesic medications. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical Gabapentin, as there is no peer-reviewed literature to support use. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as Cyclobenzaprine, as a topical product. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical Flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that Tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines do not specifically address the use of Topical Tramadol. Topical Lidocaine is used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritic. Medical necessity for these medications has not been established within the recommendations of the MTUS Guidelines. The request for 1 prescription for Gabacloclotran and Flubicylobicyclobaclido 120ml is determined to not be medically necessary.