

Case Number:	CM14-0169449		
Date Assigned:	10/17/2014	Date of Injury:	04/17/2014
Decision Date:	11/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/14/2014

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 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:

The injured worker is a 46-year-old male who sustained an injury on April 17, 2014. He is diagnosed with (a) cervical spine sprain/strain with myospasms, (b) status post right wrist open reduction and internal fixation, (c) left hand sprain/strain, (d) upper extremity neuropathy, (e) lumbar spine sprain/strain with radiculitis, (f) right shoulder tendinosis, (g) right shoulder bursitis, (h) right shoulder osteoarthropathy, (i) right shoulder subchondral cyst erosion, (j) cervical spine multilevel disc protrusions, (k) cervical spine disc desiccation, and (l) medication-induced gastritis. He was seen for an evaluation on September 11, 2014. He had complaints of persistent neck, right shoulder, right wrist, left hand, and low back pain. Examination of the cervical spine revealed tenderness with spasms over the upper trapezius muscles. Range of motion of the cervical spine was limited secondary to pain. Examination of the lumbar spine revealed tenderness with spasms over the paraspinals. Range of motion of the lumbar spine was limited secondary to pain. Examination of the upper extremity revealed tenderness over the left third and fourth digits with locking sensation noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

Decision rationale: MTUS Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. Clinical case of the injured worker has satisfied neither of these conditions. More so, there was no documentation of the injured worker's subjective and objective response to tramadol. Therefore, the request for Tramadol 50 mg #90 is not medically necessary and appropriate.

Diazepam 5 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anxiety medications in chronic pain

Decision rationale: The Official Disability Guidelines (ODG) Treatment in Workers' Comp 2013 stipulated that benzodiazepines like diazepam are not recommended for long term-use unless he is being seen by a psychiatrist. From the reviewed medical records, it was determined that the injured worker has been taking this medication since April 2014. There was no mention that he is under the care of a psychiatrist to warrant use of diazepam. Hence, the request for diazepam 5 mg #30 is not considered medically necessary at this time.

Flurbiprofen 20%/Tramadol 15%/Menthol 2%/Camphor 2%/Capsaicin 0.025%: Upheld

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

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

Decision rationale: According to the California Medical Utilization Schedule, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. From the medical records reviewed, there was no documentation that the injured worker underwent and failed a trial of antidepressants and anticonvulsants. More so, the same reference stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. Guidelines do not support topical use of Flurbiprofen and tramadol. While this topical analgesic contains capsaicin, which is recommended as topical agent, it also constitutes menthol and camphor, which is not addressed by the guidelines. Therefore, the request for Flurbiprofen 20% / Tramadol 20% / Menthol 2% / Camphor 2% / Capsaicin 0.025% is not medically necessary at this time.

Tramadol 15%/Gabapentin 10%/Lidocaine 5% cream: Upheld

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

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

Decision rationale: According to the California Medical Utilization Schedule, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. As previously stated, there was no documentation that the injured worker underwent and failed a trial of antidepressants and anticonvulsants. Also, the same reference stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. While this topical analgesic contains lidocaine, which is recommended as a topical agent, it also contains tramadol and gabapentin, which are not supported for topical use. Therefore, the request for Tramadol 15% / Gabapentin 10% / Lidocaine 5% is not considered medically necessary at this time.