

Case Number:	CM14-0182656		
Date Assigned:	11/07/2014	Date of Injury:	09/18/2006
Decision Date:	12/18/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Practice, has a subspecialty 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 54-year-old male with a date of injury on September 18, 2006. According to PR-2 dated October 7, 2014, the patient complains of 7/10 left hand and wrist symptoms. Symptoms have remained unchanged since his last visit. He has been using tramadol ER once a day for long-acting pain relief as well as Elavil once at night for neuropathic symptoms and Lidopro as topical pain reliever. The patient notes that with these medications he's able to do his daily functions around the house including cooking and cleaning and providing self-care. He is unable to increase Elavil. Examination revealed decreased left wrist extension, well-heeled laceration over the dorsal second and third PIP joint, decreased sensation throughout the left hand, palpable discomfort over the PIP and PIP joints of the left index and long finger, and 5-/5 grip strength. The patient is diagnosed with left wrist pain, left wrist crush, chronic neck pain, and cervical radiculopathy. The patient was prescribed tramadol ER #30. He is to trial capsaicin. Nortriptyline was prescribed. Utilization review dated October 23, 2014 recommended to modify to certify the request for the topical cream with zero refill. The peer reviewer modified to allow tramadol ER 150 mg #15 with no refills. Nortriptyline was certified. The peer reviewer noted that the patient has been on tramadol for over two years and over the past five months his pain has remained unchanged. It was noted that there is a clear warning of increase adverse effects when on tricyclic antidepressants which the patient is on. The patient reports medications help with his daily function but it has not objectively changed. The peer reviewer noted that the need for this medication has become ineffective in the patient's pain management and the need to wean down is appropriate. With regards to capsaicin/cyclobenzaprine cream, the peer reviewer noted that the patient has been on LidoPro for over 10 months. The peer reviewer noted that the need for a trial of another topical cream seems appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin .05 percent, Cyclobenzaprine 4 percent cream #1 with 1 refill: 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): 110-112.

Decision rationale: References state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also specifically state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, while a trial of Capsaicin would be supported, the requested topical compound contains cyclobenzaprine. As noted in the references, muscle relaxants are not recommended in a topical formulation. The request for Capsaicin .05 percent, Cyclobenzaprine 4 percent cream #1 with 1 refill is not medically necessary.

Tramadol ER 150 mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

Decision rationale: The medical records indicate that the patient is being prescribed tricyclic antidepressants. Evidence-based guidelines state that Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. References state that Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. As such, the request for Tramadol ER 150 MG #30 with 1 Refill is not medically necessary.