

Case Number:	CM14-0023519		
Date Assigned:	06/11/2014	Date of Injury:	08/11/2005
Decision Date:	07/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/25/2014

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 Medicine and is licensed to practice in Arizona. 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 59 year old female with a date of injury on 8/11/2005. Diagnoses include chronic cervical strain, chronic lumbar strain, right shoulder rotator cuff syndrome, bilateral elbow epicondylitis, and bilateral carpal tunnel syndrome. Subjective complaints are of neck pain on the right side and left elbow and bilateral wrist pain. Physical exam shows decreased range of motion in the cervical and lumbar spine, with 4/5 strength in upper and lower extremities. The elbows show positive cubital/Tinel's sign and tenderness over the medial epicondyle. Medications include tramadol three times per day, and diclofenac gel three times daily. Office notes indicate that medication is helpful and reduces pain from 9/10 to 4-5/10. Records also indicate that tramadol is being utilized as a second line therapy and patient has failed physical therapy, medications, tens, acupuncture, and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM (TRAMADOL) 50MG, 1-2 TABLETS EVERY 6 HOURS AS NEEDED, #60:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Ultram).

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

Decision rationale: CA MTUS recognizes tramadol as a synthetic opioid that affects the central nervous system and is not recommended as a first line analgesic. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, clear documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screening, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

DICLOFENAC FLEX-PLUS (DICLOFENAC 10% CYCLOBENZAPRINE 10% LIDOCAINE 5%) TOPICAL: 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): 111-113.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines cyclobenzaprine, diclofenac and lidocaine. Guidelines do not recommend topical baclofen or cyclobenzaprine as no peer-reviewed literature supports their use. CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. ACOEM elbow chapter does consider possible efficacy for topical diclofenac. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of lidocaine are indicated. Due to several ingredients in this compound being not being consistent with guideline recommendations the entire product is not recommended. For these reasons, this compounded medication does not meet current use guidelines, and is therefore not medically necessary.