

Case Number:	CM14-0028921		
Date Assigned:	06/16/2014	Date of Injury:	03/19/2010
Decision Date:	07/30/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 Anesthesiology 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:

According to the records made available for review, this is a 50-year-old female with a 3/19/10 date of injury. At the time (1/14/14) of the request for authorization for Tramadol ER 150 mg #30, Cyclobenzaprine 7.5 mg #30, and 1 Lidopro topical ointment 4 oz, there is documentation of subjective (bilateral shoulder pain, bilateral elbow pain, and bilateral wrist and hand pain) and objective (positive subacromial bursitis bilaterally, tenderness over the surgical scars about the right elbow, tenderness over the lateral epicondyle, tenderness to palpation over the flexor tendons of the right wrist) findings, current diagnoses (status post right cubital tunnel and lateral epicondylar release, mild subacromial bursitis in bilateral shoulders, bilateral wrist flexor tendon tenosynovitis, bilateral radial tunnel symptoms, and left elbow lateral epicondylitis), and treatment to date (medication including Tramadol, Cyclobenzaprine, and Lidopro for at least 3 months). Regarding Tramadol ER 150 mg #30, there is no documentation that it is being used as a second-line treatment; that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Tramadol. Regarding Cyclobenzaprine 7.5 mg #30, there is no documentation of acute muscle spasm; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; a reduction in the use of medications or medical services with use of Cyclobenzaprine; and the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150 MG, # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80, 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post right cubital tunnel and lateral epicondylar release, mild subacromial bursitis in bilateral shoulders, bilateral wrist flexor tendon tenosynovitis, bilateral radial tunnel symptoms, and left elbow lateral epicondylitis. In addition, there is documentation of treatment with Tramadol for at least 3 months. However, there is no documentation that it is being used as a second-line treatment. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of treatment with Tramadol for at least 3 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Tramadol. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 150 mg #30 is not medically necessary.

CYCLOBENZAPRINE 7.5 MG, # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of status post right cubital tunnel and lateral epicondylar release, mild subacromial bursitis in bilateral shoulders, bilateral wrist flexor tendon tenosynovitis, bilateral radial tunnel symptoms, and left elbow lateral epicondylitis. In addition, there is documentation of treatment with Cyclobenzaprine for at least 3 months. However, there is no documentation of acute muscle spasm. In addition functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Cyclobenzaprine. Furthermore, given documentation of records reflecting prescriptions for Cyclobenzaprine since at least 10/18/13, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5 mg #30 is not medically necessary.

1 LIDOPRO TOPICAL OINTMENT 4 OZ: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post right cubital tunnel and lateral epicondylar release, mild subacromial bursitis in bilateral shoulders, bilateral wrist flexor tendon tenosynovitis, bilateral radial tunnel symptoms, and left elbow lateral epicondylitis. However, Lidopro contains at least one drug (lidocaine in a lotion) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 1 Lidopro topical ointment 4 oz is not medically necessary.