

Case Number:	CM14-0034348		
Date Assigned:	06/20/2014	Date of Injury:	05/06/2001
Decision Date:	07/24/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/19/2014

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 Internal 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 female who was injured on 05/06/2001. The mechanism of injury is unknown. Prior medication history as of 01/08/2014 included Cyclo-Keto-Lidocream, Prilosec 20mg, Tramadol 50mg, Gabapentin 100mg, and Motrin 800 mg. Progress report dated 02/07/2013 states the patient presented with complaints of acute exacerbation of the left hand, ulnar side pain, right hand and wrist pain. She also complains of left myofascial triggering, chronic cervical spine that radiates to bilateral shoulders. She has occipital headaches as well. She rated the pain as 8/10. There is no exam for review. Diagnoses are status post right shoulder arthroscopy, carpal tunnel syndrome, DeQuervain's syndrome, and left myofascial triggering. The patient was recommended to undergo physical therapy twice a week for 3 weeks and acupuncture twice a week for 3 weeks. The target body parts are bilateral hands, cervical spine, bilateral wrist and right shoulder. She was prescribed Ultram 50, Motrin 800, Flexeril and Prilosec. Progress report dated 5/15/13 states that PT decreased the patient's neck and shoulder pain. The patient was diagnosed with myofasciitis, right wrist CTS. Contributing factors were noted to be anxiety and depression. The patient was prescribed Cyclo-Keto-Lidocaine, Tramadol, Motrin and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo-Keto-Lido cream, prn, 240 gm, three refills: Upheld

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

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

Decision rationale: Cyclo Ket Lidocaine is a topical analgesic that contains the medications Cyclobenzaprine, Ketoprofen and Lidocaine. Topical analgesics are an option for various types of pain, and many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, to name a few). There is little to no research to support the use of many of these agents. The records do not indicate that the patient failed medical therapy such as oral NSAIDs, acetaminophen, Tramadol and/or Gabapentin. In fact, she is noted to have benefited from her oral pain medications, in addition to physical therapy and acupunctur for her pain flare ups. For all of the aforementioned reasons, the medical necessity of Cyclo Ket Lidocaine is not established.

Tramadol 50 mg one TID #90, three refills: Overturned

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

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

Decision rationale: According to the California MTUS Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. It is indicated for moderate to severe pain. The California MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The patient is documented as having 8/10 pain and her medications were noted to alleviated her pain, thus the request for Tramadol is certified.

Motrin 800 mg one BID PRN, #60, three refills: Overturned

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): 67-68.

Decision rationale: Motrin is in a class of medications called NSAIDs. NSAIDs are one of the first line medications used to treat musculoskeletal pain and inflammation. The patient is diagnosed with myofasciitis, thus the request for Motrin is certified.

Prilosec 20 mg, one BID #60, three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, FI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risks Page(s): 68.

Decision rationale: Prilosec is in a class of medications called proton pump inhibitors. These medications are used to treat conditions such as GERD and gastritis. They can also be used concomitantly with NSAIDs in patients at higher risk for gastrointestinal bleeding events. There is no documentation in the records that the patient has any gastrointestinal problems or history of GI bleeding. She is also not noted to be intolerant of her NSAIDs. Thus, the request for Prilosec is not certified.

Gabapentin 100 mg one BID #60, three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs Page(s): 18-19.

Decision rationale: Gabapentin is a medication used primarily to treat neuropathic pain. It can also be used in conditions such as spinal stenosis and fibromyalgia. Per the guidelines, there is no strong evidence to suggest that it helps with myofascial pain. The patient is not documented to have neuropathic pain, or any of the conditions mentioned that warrant use of Gabapentin. Thus, the request for Gabapentin is not certified. Since the medication is one that should not be discontinued abruptly, it should be weaned off under the supervision of a physician.