

Case Number:	CM14-0038017		
Date Assigned:	06/25/2014	Date of Injury:	04/04/2012
Decision Date:	09/16/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 Physical Medicine & Rehabilitation 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 40-year-old male who reported an injury on 04/04/2012 while attaching a 120-pound cultivator and tried to move the cultivator, which cut loose, and, in order to prevent it from falling, he put his right hand underneath to catch it. He was not able to support the weight of the device and he twisted his right hand and experienced immediate pain. Diagnoses were anxiety state, sprain of elbow and forearm, sprain of shoulder and upper arm, psychophysiological disorder, and crushing injury of the wrist. Past treatments included chiropractic sessions, physical therapy, right shoulder injection, right wrist injection, and functional restoration program. Diagnostic studies were x-rays, and MRI of the right hand and wrist. Surgical history was right wrist arthroscopic surgery. The injured worker had a physical examination on 05/06/2014 with complaints of shoulder and upper arm pain, anxiety, and elbow and forearm pain. The injured worker reported to be doing relaxation techniques and medications as taught by the functional restoration program. There was numbness noted in the right upper extremity and tingling. Medications were Flector 1.3% transdermal 12 hour patch, lidocaine 5% topical cream apply 4 times a day as needed, amitriptyline 25 mg 1 tablet at bedtime, and gabapentin 300 mg 1 tablet daily. The treatment plan was to continue home exercise program, continue medications as directed, and continue to do better in managing pain since attending functional restoration program. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% transdermal, #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short-term use of 4 to 12 weeks. There is little evidence indicating effectiveness for osteoarthritis of the spine, hip, or shoulder. The efficacy of this medication was not reported. Also, it was noted that the injured worker has been on this medication longer than the recommended 4 to 12 weeks. The request submitted does not indicate a frequency for the medication. Therefore, the request for Flector patch 1.3% transdermal, #60 with 3 refills is not medically necessary.

Lidocaine 5% topical cream, 480g with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There are no other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request for Lidocaine 5% topical cream, 480 g with 3 refills is not medically necessary.

Amitriptyline 25mg, #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The injured worker's insomnia complaints were not addressed. There was no objective decrease in pain and objective functional improvements reported for this medication. Also, the request does not indicate a frequency for the medication. Therefore, the request for Amitriptyline 25 mg, #30 with 3 refills is not medically necessary.

Gabapentin 300mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Drug List, Gabapentin Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request for Gabapentin 300 mg, #30 with 2 refills is not medically necessary.