MAXIMUS Federal Services

Case Number:	CM14-0059973		
Date Assigned:	07/09/2014	Date of Injury:	09/20/2011
Decision Date:	09/15/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/30/2014

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 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:

Patient is a 39-year-old female who has submitted a claim for left lateral distal humeral trochlear fracture status post open reduction and internal fixation, left elbow forearm pain, and low back pain associated with an industrial injury date of 09/20/2011.Medical records from 2013 to 2014 were reviewed. Patient complained of left upper extremity pain, graded 7/10 in severity, and described as constant, dull, achy, with pins and needles sensation. This resulted to difficulty performing household chores, doing office work, and playing sports. Physical examination showed that the left elbow was held in flexion contracture with restricted motion on all planes. Tenderness was noted over the lateral and medial epicondyle, left. Grip strength of right was measured at 40/35/40 pounds versus 15/20/15 pounds at the left. Treatment to date has included left elbow ORIF surgery and subsequent reconstructive surgery, acupuncture, TENS unit, ice / heat modalities, physical therapy, and medications such as Naproxen, Lidopro ointment, tramadol, Wellbutrin, and Tylenol.Utilization review from 04/08/2014 denied the request for Naproxen 550mg #60 because long-term use was not recommended; denied Lidopro Ointment 120gm because of limited published studies concerning its efficacy and safety; and modified the request for Tramadol 50mg #60 into #30 for the purpose of weaning because there was no documentation of a maintained increase in function or decrease in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66,73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Naproxen since 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Naproxen 550mg #60 is not medically necessary.

Lidopro Ointment 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin,Salicylate, Topical Analgesics Page(s): 28-29, 105,111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: LidoPro lotion contains capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. CA MTUS does not cite specific provisions regarding menthol, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Topical salicylate is significantly better than placebo in chronic pain as stated on page 105 of MTUS Chronic Pain Medical Treatment guidelines. Pages 111-112 further states that there is little to no research to support the use of lidocaine for compounded products, and lidocaine is not recommended for topical use. Moreover, there is little to no research to support the use of capsaicin 0.0325% in topical compound formulations. In this case, patient has been prescribed LidoPro lotion as adjuvant therapy to oral medications. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, and capsaicin in 0.0325% formulation is likewise not recommended. Therefore, the request for LidoPro ointment 120 gm is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 78,93-94,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioids since 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol 50mg #60 is not medically necessary.