

Case Number:	CM14-0062762		
Date Assigned:	07/11/2014	Date of Injury:	10/20/2003
Decision Date:	09/17/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/05/2014

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, has a subspecialty in Pain 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 injured worker is a 61-year-old female who reported an injury on 10/20/2003. The mechanism of injury was not specifically stated. Current diagnoses include bilateral upper extremity tendonitis, bilateral carpal tunnel syndrome, bilateral elbow tendonitis, bilateral cubital tunnel syndrome, cervical strain, bilateral shoulder strain, depression, insomnia, and GERD. It is noted that the injured worker is status post left carpal tunnel release on 08/13/2008, right carpal tunnel release on 07/01/2009, and left shoulder arthroscopic surgery on 12/09/2009. The injured worker was evaluated on 05/19/2014 with complaints of 5/10 bilateral upper extremity pain and 8/10 cervical spine pain. The injured worker is currently utilizing a TENS unit and bilateral hand braces. Physical examination on that date revealed positive Spurling's maneuver, limited cervical range of motion, moderate spasm in the paracervical muscles, tenderness to palpation of the bilateral shoulders, limited bilateral shoulder range of motion, positive Tinel's sign in the right elbow, moderate tenderness at the medial and lateral epicondyle on the right, mild tenderness of the medial and lateral epicondyle on the left, a well healed scar over the left volar wrist with minimal tenderness, intact sensation, and a normal gait. The current medication regimen includes tramadol 50 mg, OxyContin 20 mg, Neurontin, Omeprazole 20 mg, trazodone 150 mg, Effexor 150 mg, and a compounded cream. Treatment recommendations at that time included a psychological consultation, continuation of TENS therapy, and continuation of the current medication regimen with the exception of Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 10/2013. There is no documentation of objective functional improvement. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

Oxycontin 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 10/2013. There is no documentation of objective functional improvement. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

Neurontin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state gabapentin is recommended for neuropathic pain. The injured worker has utilized this medication since 2009. There is no documentation of objective functional improvement. It was also noted on the recent physician progress note, Neurontin was discontinued. Therefore, the medical necessity has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

Compounded topical Menthoderma gel 120gm #1 (Menthyl Salicylate 15%/Menthol 10%):
Upheld

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

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

Decision rationale: California MTUS Guidelines state 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. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the request. As such, the request is not medically necessary.