

Case Number:	CM14-0076189		
Date Assigned:	07/16/2014	Date of Injury:	11/23/2013
Decision Date:	08/14/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/22/2014

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 Medicine and is licensed to practice in Texas. 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 46-year-old female who sustained a work-related injury on 11/23/13 when she felt a slight pull from her upper extremities due to overexertion. Plain radiographs of the left shoulder dated 11/23/13 revealed soft tissue swelling over the elbow; however, there were no definite acute fractures or subluxations noted; joint spaces appear to be normal. A clinical note dated 12/09/13 reported that the injured worker continued to complain of pain in the left shoulder, elbow and arm, as well as the right wrist. Physical examination noted tenderness to palpation over the left trapezius/deltoid; shoulder range of motion flexion/abduction 150 degrees; tenderness to palpation along the lateral epicondyle; elbow range of motion from 0 to 135 degrees; grip strength 40/40/40 right wrist and 20/20/20 on the left. Treatment to date has included (non-steroidal anti-inflammatory medications) NSAIDs, physical therapy and activity restrictions. The injured worker continued to have pain that increases with overhead raising; she was diagnosed with left shoulder tendonitis and a right wrist sprain. The clinical report dated 04/24/14 noted ongoing complaints of moderate to severe left shoulder pain with associated burning, numbness, and tingling. The injured worker indicated that her pain was well controlled with medications and denied any side effects. The physical exam noted positive impingement signs in the left shoulder with positive Tinel and Phalen's signs. Tramadol, Naproxen, and Cyclobenzaprine were continued at this evaluation. The requested medications to include hydrocodone 2.5/325mg quantity 30, Cyclobenzaprine 7.5mg quantity 30, and topical compounded medications to include Flurbiprofen, Tramadol, Gabapentin, Amitriptyline, and Dextromethorphan were all denied by utilization review on 04/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Hydrocodone/APAP 2.5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates (Criteria for Use) Page(s): 88-89.

Decision rationale: In regards to the use of Hydrocodone 2.5/325mg quantity 30, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. As of 04/24/14, this medication was not discussed or listed as an active medication for ongoing use. As such, this request is not medically necessary.

30 Tablets of Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): 63-67.

Decision rationale: In regards to the use of Cyclobenzaprine 7.5mg quantity 30, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short-term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the ongoing use of this medication is not medically necessary.

210 grams of Flurbiprofen 20% and Tramadol 20% in Mediderm Base: Upheld

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

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

Decision rationale: In regards to the use of topical compounded Flurbiprofen and Tramadol 210g, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of

compounded topical medication be approved for transdermal use. This compound contains both Flurbiprofen and Tramadol, which are not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. Furthermore, there was no rationale regarding the use of duplicative medications as the injured worker was already utilizing oral versions of the requested compounded components. Therefore, this compound is not medically necessary.

210 grams of Gabapentin 10%, Amitriptyline 10% and Dextromethorphan 10% in Mediderm Base: Upheld

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

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

Decision rationale: In regards to the use of topical compounded Gabapentin, Amitriptyline, and Dextromethorphan 210g, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The CA MTUS Chronic Pain Treatment Guidelines and US Food and Drug Administration (FDA) note that the efficacy of compounded medications has not been established through rigorous clinical trials. The Food and Drug Administration (FDA) requires that all components of compounded topical medication be approved for transdermal use. This compound contains both Flurbiprofen and Tramadol, which are not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore, this compound is not medically necessary.