

Case Number:	CM14-0082949		
Date Assigned:	07/21/2014	Date of Injury:	09/01/2006
Decision Date:	09/09/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/04/2014

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 and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 53-year-old female with a reported date of injury on 09/01/2006 due to an unknown mechanism. The injured worker was diagnosed with cervical spondylosis, right wrist ganglion cyst, right wrist triangular fibrocartilage complex tear, right wrist sprain/strain, status post left knee arthroscopy secondary to medial compartment osteoarthritis, left knee osteoarthritis/degenerative joint disease, left knee medial meniscal tear, and left knee lateral meniscal tear. Prior treatments included physical therapy. Previous diagnostic studies included x-rays of the bilateral wrists on 01/09/2014 and an MRI of the bilateral wrists performed on an unknown date to confirm wrist joint tears. The injured worker underwent a left wrist partial synovectomy as well as chondroplasty, and a left wrist TFCC debridement on 03/08/2014 and a left knee arthroscopy on 12/28/2012. On 01/09/2014, the injured worker was complaining of bilateral hand pain with discomfort to the left side worse than the right. The injured worker noted difficulties with activities of daily living. The physician noted the injured worker had appreciable muscle atrophy and wrist joint swelling to the left upper extremity. There was significant localized tenderness to the left joint at snuffbox region. On 04/28/2014, the injured worker reported status post wrist surgeries with complaints of neck pain rated at 6/10, left wrist pain rated at 6/10, right knee pain rated at 7/10, left knee pain rated at 6/10, and right foot pain rated at 5/10. The injured worker reported the loss of grip on the left hand and continued to report increased pain in the bilateral knees and right foot with ambulation. The injured worker reported there were increased symptoms at night relating to the left wrist, bilateral knees, and right foot. The physician noted there was 3+ hypertonicity over the cervical paraspinal musculature. There was limited range of motion in all directions due to localized pain. There was tenderness over the ulnocarpal articulation of the right wrist and over the fibrocartilage complex and crepitus was noted with movement. The physician prescribed TG Hot cream,

tramadol, and omeprazole. The physician's treatment plan included recommendations to continue the use of these medications in conjunction with physical therapy. The physician was seeking surgery to the affected sides to alleviate the injured worker's pain. The Request for Authorization form and rationale were not made available for review within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #90 tablets, one tablet twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Patients at Intermediate Risk for Gastrointestinal Events and No Cardiovascular Disease Page(s): 68.

Decision rationale: The request for omeprazole 20 mg 90 tablets, 1 tablet twice a day is non-certified. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The injured worker is currently prescribed tramadol. There is a lack of documentation indicating the injured worker has significant gastrointestinal issues. There is no indication that the injured worker has a history of gastrointestinal bleeding, perforation, or peptic ulcer. There is a lack of documentation indicating the medication is effective in eliminating any gastrointestinal symptoms the injured worker may have. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is non-certified.

Tramadol ER 150mg, #60 tablets, one tablet twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

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

Decision rationale: The request for Tramadol ER 150mg #60 tablets, one tablet twice a day is non-certified. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain,

increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker has been prescribed tramadol ER since at least 01/09/2014. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. An adequate and complete pain assessment is not provided within the medical records. As such, the request is non-certified.

TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180-gram jars: 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 and 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

Decision rationale: The request for TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180-gram jars, to be applied once or twice daily in a thin layer over the affected areas is non-certified. The California MTUS Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines note the use of gabapentin for topical application is not recommended as there is no peer-reviewed literature to support use. Peer reviewed literature that states there is a deficiency of higher quality evidence in the role of topical opioids, and that more robust primary studies are required to inform practice recommendations. There is a lack of documentation of a trial of antidepressants or anticonvulsants prior to the use of this medication. There is no evidence that the injured worker has been unresponsive to treatments or unable to tolerate treatments. The use of Gabapentin and Tramadol for topical application is not recommended. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. As such, the request is non-certified.

FlurFlex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180-gram jars: 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 and 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence B LeBon, G Zeppetella, IJ Higginson (2009).

Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

Decision rationale: The request for FlurFlex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180-gram jars, to be applied once or twice daily in a thin layer over the affected areas is non-certified. The California MTUS Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines recommend the use of NSAIDs for topical application for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. There is no evidence for use of any muscle relaxant as a topical product. The injured worker has osteoarthritis to the left knee and is being treated for neuropathic pain. MTUS guidelines for topical NSAIDs, such as Flurbiprofen 10%, recommends this medication for osteoarthritis to knees and for the treatment of neuropathic pain as a short-term treatment. However, the guidelines do not recommend the use of Cyclobenzaprine for topical application. As the guidelines indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. As such, the request is non-certified.