

Case Number:	CM14-0014206		
Date Assigned:	02/26/2014	Date of Injury:	04/23/2003
Decision Date:	02/25/2015	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 41 year old male who was injured on 4/23/2003 involving his right wrist and shoulder after falling from a ladder. He was diagnosed with radial fracture, wrist arthritis, hand/wrist pain, and shoulder pain. He was treated with right wrist surgery, medications (NSAID, topical analgesics), TENS unit, and home exercises. His TENS unit successfully reduced his medication use. He continued to work with modified duties. He was started on topical tramadol and topical flurbiprofen for pain control on 11/20/13. Later, on 12/19/13, the worker was seen for a follow-up by his treating physician reporting the flurbiprofen cream "helping with some feelings of inflammation over the right arm and swelling, as did the Tramadol cream at least regarding pain level." He reported being able to reduce his oral medications "a bit." He reported the two topical agents working better than the Voltaren gel, allowing him to stop the Protonix as the oral NSAID was reduced enough for this. He was then recommended to continue the topical tramadol and flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Tramadol cream 10% one tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Topical Analgesics Page(s): 78-96, 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. The MTUS Chronic Pain Guidelines also state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical opioids are not sufficiently studied to be able to generally recommend them for chronic pain. Although there was some reported pain reduction with the use of the topical tramadol, there was insufficient evidence to suggest the provider completed the required review for initiating opioids, including setting specific treatment goals, psychosocial assessment, and the risks and benefits, none of which were documented as being discussed when the topical tramadol was initiated. Therefore, considering the reasons above, the topical tramadol will be considered medically not necessary.

One Prescription for Flurbiprofen Cream 20% one tube: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not

currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there was a reported reduction in pain and swelling locally at the right arm, where the worker used this cream, allowing him to reduce his oral medication use, including his Protonix. However, since the Voltaren gel is the only approved topical agent (not flurbiprofen), and previous use of Voltaren gel was not needed consistently (but only 2 times per week), the continuation of any other topical NSAID used regularly (flurbiprofen) cannot be justified based on this evidence from a few months prior. Therefore, the topical flurbiprofen will be considered medically not necessary.