

Case Number:	CM14-0180789		
Date Assigned:	11/05/2014	Date of Injury:	02/05/2010
Decision Date:	01/02/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/30/2014

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 Emergency 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 has a reported date of injury on 2/5/2010. Mechanism of injury is described as gradual worsening pain during constant activity at work. Patient has a diagnosis of bilateral carpal tunnel and post bilateral shoulder surgeries (1/2013 and 4/2012 but no details were provided) Medical reports reviewed and last report available until 9/3/14. Patient complains of bilateral wrist and shoulder pain. Wrist is worse than shoulders mostly to R side. Pain is 6/10. Objective exam reveals decreased grip on R side compared to L side. Both wrists have noted generalized tenderness. Shoulder exam reveals non-specific tenderness. MRI of cervical spine (3/19/10) revealed small disc osteophyte complexes at C3-4, C4-5 and C5-6. Moderate canal narrowing at C4-5, C5-6 due to congenital shortened pedicles and mild R neural foraminal narrowing at C5-6. MRI of thoracic spine (3/19/10) was normal. EMG/NCV of bilateral upper extremities (3/23/10) was normal. No medication list was provided. Prior progress notes Ultracet, Relafen, Gabacyclotram and Flurbiprofen topical since 7/2014. Patient has completed physical therapy. Independent Medical Review is for Ultram ER 50mg #90 with 1 refill, Prilosec 20mg #90 with 1 refill, "Gabacyclotram" (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) #120ml with 1 refill, Naproxen 500mg #60 with 1 refill and Flurbiprofen 20% 120ml with 1 refill. Prior UR on 10/1/14 recommended denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 50mg, #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient appears to be Ultracet chronically which already contains Tramadol. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. The number of tablets is not appropriate and does not meet requirement for monitoring. Documentation fails MTUS guidelines for chronic opioid use. Ultram is not medically necessary.

Prilosec (Omeprazole) 20mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: There is no documentation provided as to why Prilosec was requested. Omeprazole/Prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. There is no documentation of NSAID use except for inappropriate topical prescriptions. Omeprazole is not medically necessary.

Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10) 120ml with 1 refill: Upheld

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

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Gabapentin: Gabapentin is an anti-epileptic. It is not FDA approved for topical use. As per MTUS guidelines it is not recommended with no evidence to support its use as a topical product. It is not recommended. 2) Cyclobenzaprine: Not recommended for topical use. It is not FDA approved for topical use.

There is no evidence support its use topically. 3) Tramadol: Is an opioid-like medication. It is not FDA approved for topical application. There is no evidence to support its use topically. All components of this non-FDA approved compounded product are not medically appropriate. "Gabacyclotram" is not medically necessary.

Naproxen 500mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Documentation completely fails to document appropriate response to medication and appropriate monitoring of side effects. Naproxen is not medically necessary.

Flurbiprofen 20% 120ml with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 66.

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

Decision rationale: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be beneficial for shoulder pain. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary.