

Case Number:	CM14-0189061		
Date Assigned:	11/19/2014	Date of Injury:	11/07/2005
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/12/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 41 year-old male who has a history of a work injury occurring on 10/07/05 when, while cleaning a food wrapping machine, he sustained a crush injury to his right hand. He underwent right fourth finger grafting with delayed reimplantation. Subsequent treatments included physical therapy and multiple plastic surgery revision procedures. He is also being treated for development of stress, anxiety, and depression. He was seen on 04/29/14 for ongoing psychological treatments. He was noted to be right hand dominant. His medical history is referenced as including gastrointestinal complaints, headaches, and kidney disease. He was seen on by the requesting provider on 10/30/14. He was having ongoing right hand pain rated at 6/10. There was a pending second hand surgery evaluation. Prilosec 20 mg #30, Gabapentin 300 mg #60, Tramadol 50 mg #60 and Topical Cyclobenzaprine Cream were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaba-Keto-Lido cream 240mg with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Topical Analgesics Page(s): 60, 111-113.

Decision rationale: Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication is not medically necessary.

Tramadol 50mg #60 with one refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Opioids, Dosing Page(s): 76-80, 86.

Decision rationale: Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Tramadol is medically necessary.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Specific Drug List & Adverse Effects Page(s): 68.

Decision rationale: Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Therefore, the continued prescribing of Prilosec is not medically necessary.