

Case Number:	CM15-0017948		
Date Assigned:	02/05/2015	Date of Injury:	10/15/2014
Decision Date:	04/06/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 36-year-old [REDACTED] beneficiary who has filed a claim for hand pain, wrist pain, headaches, psychological stress, and insomnia reportedly associated with an industrial injury of October 15, 2014. In a Utilization Review Report dated January 1, 2015, the claims administrator denied requests for several topical compounded medications, Prilosec, and tramadol. The claims administrator referenced a progress note and associated RFA form of December 15, 2015 in its determination. The applicant's attorney subsequently appealed. On December 15, 2014, the applicant presented with hand pain, wrist pain, headaches, and sleep disturbance. The applicant completed 12 sessions of physical therapy and additional six sessions of physical therapy and several topical compounded medications were endorsed, along with MRI imaging of the hand. The applicant also reported ancillary complaints of psychological stress and eye pain. Work restrictions were endorsed; the attending provider acknowledged that the applicant was off of work, on total temporary disability as the applicant's employer was apparently unable to accommodate said limitations. Little-to-no discussion of medication efficacy transpired on this date. The applicant did report difficulty with gripping and grasping tasks. The attending provider did not detail the applicant's complete medication list. Several of the topical compounds at issue and Ultram were also endorsed on an earlier note dated November 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine, Gabapentin, Ketoprofen 180mg, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: No, the lidocaine-gabapentin-ketoprofen topical compound was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications and topical compounds such as the lidocaine-containing compound at issue are deemed “not recommended.” Here, the attending provider did not furnish any clear or compelling rationale as to why topical compounded medications were endorsed in favor of what ACOEM Chapter 3; page 47 deems first-line oral pharmaceuticals. Therefore, the request was not medically necessary.

Flurbiprofen, Cyclobenzaprine, Baclofen, Lidocaine 180mg, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: Similarly, the request for flurbiprofen-cyclobenzaprine-baclofen-lidocaine compound was likewise not medically necessary, medically appropriate, or indicated here. As with the proceeding request, the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 notes that topical medications such as the flurbiprofen containing compound at issue are deemed "not recommended." Here, as with the preceding request, the attending provider did not furnish a clear or compelling rationale for selection, introduction, and/or ongoing usage of the flurbiprofen-containing compound in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

Prilosec 20mg #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: Similarly, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy

of medications for the particular condition for which it is being prescribed into his choice of recommendations. Here, however, the attending provider did not state for what purpose Prilosec had been prescribed. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia which would compel provision and/or ongoing usage of Prilosec. The attending provider's November and December 15, 2014 progress notes did not include the applicant's complete medication list, nor did any clear or cogent discussion of medication efficacy transpire. Therefore, the request was not medically necessary.

Ultram 50mg #100, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: Finally, the request for Ultram (tramadol), a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, pages 231 does acknowledge that a short course of opioids is deemed "optional" in the management of wrist, forearm, and hand symptoms, as were/are present here, in this case, however, the 100-tablet, two-refill supply of Ultram (tramadol) at issue represents treatment well in excess of ACOEM parameters. No rationale for such a protracted course of Ultram (tramadol) was furnished. The MTUS Guideline in ACOEM Chapter 3, page 47 also stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was first seemingly given tramadol (Ultram) on November 12, 2014. The applicant, however, continued to report moderate-to-severe complaints of hand and wrist pain, later in the course of the claim, including in December 2014. The applicant remained off of work, on total temporary disability, despite ongoing usage of tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.