

<b>Case Number:</b>	CM15-0134265		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	12/13/2007
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 who sustained an industrial injury on 12-13-07. Diagnoses are pain in joint shoulder, carpal tunnel syndrome, pain in joint forearm, chronic pain, and pain psychogenic. In a visit noted date 4-28-15, the treating physician notes the injured worker continues to have right elbow and right wrist pain. Pain is intermittent especially with activity level. Pain increases significantly with activity. Pain decreases with medications by about 30%. She denies any side effects. She states with the use of medications she is able to perform household activities a little better. Current medications are Pennsaid, Tramadol-apap, Nabumetone (relafen), Gabapentin, Aleve, Aspirin 81mg, Metformin, Simvastatin, and Tylenol. Tramadol was changed from 1 tablet daily to 1-2 tablets daily. She has chronic right upper extremity pain and is status post repair of a torn extensor tendon at the right elbow on 4-10-08 without significant benefit. She does have a diagnosis of right carpal tunnel syndrome, but declines any further surgery for the right upper extremity. The treatment plan is to continue with medication management of her pain. The combination of Tramadol, Relafen and Gabapentin reduces pain by 30%. She is tolerating them well without side effects. She is encouraged to stay as active as possible. Work status is permanent and stationary with permanent disability. The requested treatment is Tramadol-APAP 37.5-325mg, quantity of 90 and Pennsaid 1.5% solution, quantity of 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APAP 37.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 53 year old female has complained of shoulder pain, elbow pain and wrist pain since date of injury 12/13/07. She has been treated with surgery, physical therapy and medications to include opioids since at least 04/2015. The current request is for Tramadol/APAP. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol/APAP is not indicated as medically necessary.

**Pennsaid 1.5% solution #6.00:** 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.

**Decision rationale:** This 53 year old female has complained of shoulder pain, elbow pain and wrist pain since date of injury 12/13/07. She has been treated with surgery, physical therapy and medications. The current request is for Pennsaid 1.5% solution. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Pennsaid 1.5% solution is not indicated as medically necessary.