

Case Number:	CM15-0141916		
Date Assigned:	07/31/2015	Date of Injury:	01/18/2008
Decision Date:	08/28/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female with a January 18, 2008 date of injury. A progress note dated April 27, 2015 documents subjective complaints (recheck of elbow pain, shoulder pain, and hand pain; history of injury to the back, neck, elbow, shoulder and hand), objective findings (moderate localized tenderness of the right midscapular region and right trapezius area; spasms noted; pain radiates to the right arm, right forearm, fingers, hand, and thumb; mild tenderness over the right lateral condyle; right wrist pain; positive Phalen's sign), and current diagnoses (lumbar strain; impingement syndrome of the shoulder; cervical strain; carpal tunnel syndrome, right; lateral epicondylitis of the right elbow; De Quervain's tenosynovitis, right). Treatments to date have included right thumb injection that gave three months of relief, medications, imaging studies, and diagnostic testing. The treating physician documented a plan of care that included Tramadol-Ultram ER 150mg #30, Flurbiprofen 25%, Lidocaine 5% in lipoderm base, topical cream 30g, and Flurbiprofen 25%/Lidocaine 5% in lipoderm base topical cream, 120g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 4.27.15 Tramadol/Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram ER (tramadol), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram ER (tramadol) is not medically necessary.

Retro DOS: 4.27.15 Flurbiprofen 25%/Lidocaine 5% in lipoderm base, topical cream 30g tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Retro DOS: 4.27.15 Flurbiprofen 25%/Lidocaine 5% in lipoderm base, topical cream 30g tube, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. As such, the currently requested Retro DOS: 4.27.15 Flurbiprofen 25%/Lidocaine 5% in lipoderm base, topical cream 30g tube is not medically necessary.

Flurbiprofen 25%/Lidocaine 5% in lipoderm base topical cream, 120g tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Flurbiprofen 25%/Lidocaine 5% in lipoderm base topical cream, 120g tube, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. As such, the currently requested Flurbiprofen 25%/Lidocaine 5% in lipoderm base topical cream, 120g tube is not medically necessary.