

Case Number:	CM15-0161197		
Date Assigned:	08/28/2015	Date of Injury:	01/07/2011
Decision Date:	09/30/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/18/2015

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, California
 Certification(s)/Specialty: Family Practice

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 37 year old male patient, who sustained an industrial injury on 1-7-2011. Diagnoses have included right cubital tunnel syndrome, right elbow pain, right carpal tunnel syndrome, right wrist pain and right hand pain. According to the progress report dated 7-14-2015, he had complaints of pain in his right hand, wrist and fingers at 8/10 with numbness to the fingers of the right hand. Physical examination revealed active range of motion in all extremities except for four out of five strength with right hand grip, positive Tinel's sign with tapping along the right cubital tunnel and right carpal tunnel. The medications list includes gabapentin, Tramadol, naproxen and omeprazole. He has undergone right carpal tunnel release, right third digit trigger finger release and left third digit trigger finger release. He has had X-rays for the bilateral hand and wrists on 3/3/14 with unremarkable findings and EMG/NCS of upper extremities dated 3/3/14 which revealed right cubital tunnel syndrome. He has had physical therapy, wrist brace and massage for this injury. Authorization was requested for Naproxen, Tramadol and Ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67, Naproxen is a NSAID.

Decision rationale: Naproxen Sodium 550mg quantity 60: CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient had chronic right wrist pain and right hand pain with numbness to the fingers of the right hand. He has had objective findings on physical examination; active range of motion in all extremities except for four out of five strength with right hand grip, positive Tinel's sign with tapping along the right cubital tunnel and right carpal tunnel. NSAIDs are considered first line treatment for pain and inflammation. The request for Naproxen Sodium 550mg quantity 60 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

Tramadol 50mg quantity 75 with one refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics, Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol 50mg quantity 75 with one refill: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient has had chronic right wrist pain and right hand pain with numbness to the fingers of the right hand. He has had objective findings on physical examination; active range of motion in all extremities except for four out of five strength with right hand grip, positive Tinel's sign with tapping along the right cubital tunnel and right carpal tunnel. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50mg quantity 75 with one refill is medically appropriate and necessary to use as prn during acute exacerbations.

Ketoprofen 20% #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113, Ketoprofen is an NSAID.

Decision rationale: Ketoprofen 20% #1: The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is taking gabapentin. Failure of antidepressants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, Ketoprofen is not recommended by the cited guidelines for topical use as cited because of the absence of high grade scientific evidence to support effectiveness. The medical necessity of Ketoprofen 20% #1 is not fully established for this patient.