MAXIMUS Federal Services

Case Number:	CM15-0168302		
Date Assigned:	09/09/2015	Date of Injury:	03/29/2015
Decision Date:	10/29/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/26/2015

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: New York, California
Certification(s)/Specialty: Emergency 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 injured worker is a 32 year old female, who sustained a cumulative trauma industrial injury on March 27, 2015 resulting in pain or injury to the right upper extremity, right wrist, right hand, and right shoulder. A review of the medical records indicates that the injured worker is undergoing treatment for right elbow sprain-strain, right wrist sprain-strain, anxiety, and depression. Medical records from to May 12, 2015, to July 8, 2015, indicate ongoing pain in the right upper extremity, and inflammation of her hands, with the documentation provided also indicating the injured worker reported difficulty cooking, brushing her hair, and other personal hygiene needs due to loss of strength. On May 27, 2015, the injured worker was noted to be currently working for her pre-injury employer. The physical examination dated July 8, 2015, noted the injured worker with grip strength testing causing pain at the right wrist with tenderness to palpation of the distal triceps tendon, lateral epicondyle, medial epicondyle, olecranon process, and triceps. Tenderness to palpation was noted in the right dorsal wrist, lateral wrist, medial wrist, and volar wrist. The right elbow and right wrist range of motion (ROM) was noted to be unchanged from the May 27, 2015 examination to the July 8, 2015 examination. Relevant treatments have included current medications as of May 27, 2015, of Xanax, Cyclobenzaprine, Pantoprazole, Tramadol, Nabumetone, and anti-depressants, hand brace, physical therapy, acupuncture, steroid injection, and a Medrol dose pack. The request for authorization dated July 8, 2015, requested Tramadol (Ultram) 50mg #30, a compound cream of Ketaprofen 10%, Cyclobenzaprine 3%, Lidocaine 5%, Flurbiprofen 10%, Capsaicin 0.025%, Menthol 12%, and

Camphor 1%, 120gm, acupuncture 2x4 for the right elbow, and a Functional Capacity Evaluation (FCE) for the right elbow. The original Utilization Review dated July 28, 2015, review non-certified the request for Tramadol (Ultram) 50mg #30 as there was no documentation that the prescriptions were from a single practitioner, were taken as directed the lowest dose was prescribed, nor was there documentation of functional improvement, reduction in work restrictions, increase in activity tolerance, or reduction in use of medications. The request for the compound medication of Ketoprofen 10%, Cyclobenzaprine 3%, and Lidocaine 5% was non-certified as the compound contained ingredients that were not recommended for topical application. The request for Flurbiprofen 10%, Capsaicin 0.025%, Menthol 12%, and Camphor 1%, 120gm, was non-certified as the compound contained ingredients that were not supported for topical application. The request for acupuncture 2 x 4 for the right elbow was non- certified as there was documentation of 6 acupuncture therapy treatments completed without documentation of objective improvement with the previous treatment. The request for a Functional Capacity Evaluation (FCE) for the right elbow was non-certified as there was no documentation indicating case management was hampered by complex issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram) 50 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of opiate pain medication to treat pain, these recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Tramadol is recommended for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The IW has been prescribed this medication for a minimum of 3 months. The chart materials do not include the IW response to each medication currently being prescribed; there is not discussion of the IW functional status in relation to the different medications. Additionally, the chart does not include urine drug screen tests. The request does not include dosing or frequency. With the absence of this supporting documentation, the request for Tramadol is determined not medically necessary.

Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that in not recommended is not recommended." One of the included compounds in the requested medication is Lidocaine 5%. Lidocaine is indicated in the treatment of neuropathic pain. Guidelines state the only FDA approved formulation of lidocaine is the lidocaine patch, Guidelines further states No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Additionally, the request does not include dosing frequency or duration. Without the support of the guidelines or the medical records, the request is not medically necessary.

Flurbirpofen 10%, Capsaicin 0.025%, Menthol 12%, Camphor 1%, 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state, "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that in not recommended is not recommended." One of the included compounds in the requested medication is Capsaicin. MTUS guidelines states that recommended only as an option in patients who have not responded or are intolerant to other treatments The documentation does not support failure of other treatments. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

Acupuncture, Right Elbow, 2 times wkly for 4 wks, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. It is not clear that any acupuncture has been performed to date. An initial course of acupuncture is 3-6 visits per the MTUS. The prescription is for 8 visits, which exceeds the quantity recommended by CA MTUS. As discussed in the MTUS, chronic pain section, the goal of all treatment for chronic pain is functional improvement, in part because chronic pain cannot be cured. An initial course of acupuncture is not medically necessary based on a prescription, which exceeds the quantity recommended in the MTUS, and lack of specific indications per the MTUS.

FCE (functional capacity evaluation), Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation.

Decision rationale: According to ODG guidelines, functional capacity evaluation is "recommended prior to admission to a work hardening program, with a preference for assessments tailored to a specific task or job. It is not recommended for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." The documentation does not support the IW's progress is approaching return to work status. The IW continues to report increasing pain despite multiple treatment approaches. New modalities such as acupuncture are requested. There is no documentation of decreased reliance on medications. The MTUS for Chronic Pain and the Official Disability Guidelines recommend a functional capacity evaluation for Work Hardening programs, which is not the context in this case. The treating physician has not defined the components of the functional capacity evaluation. Given that there is no formal definition of a functional capacity evaluation, and that a functional capacity evaluation might refer to a vast array of tests and procedures, medical necessity for a functional capacity evaluation, cannot be determined without a specific prescription, which includes a description of the intended content of the evaluation. The MTUS for Chronic Pain, in the Work Conditioning-Work Hardening section, mentions a functional capacity evaluation as a possible criterion for entry, based on specific job demands. The request for a functional capacity evaluation is not medically necessary.