

Case Number:	CM15-0189845		
Date Assigned:	10/02/2015	Date of Injury:	02/18/1999
Decision Date:	12/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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

Certification(s)/Specialty: Internal 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 67 year old female, who sustained an industrial injury on 2-18-99. The injured worker was diagnosed as having bilateral carpal tunnel syndrome; status post right carpal tunnel release and re-exploration; left carpal tunnel release; right and left basal joint degeneration traumatic arthritis; right de Quervain's syndrome; right and left long finger stenosing tenosynovitis; right ulnar neuropathy; cubital tunnel. Treatment to date has included multiple surgeries; multiple injections; occupational therapy; home exercise program; splinting-bracing; medications. Currently, the PR-2 notes dated 8-7-15 indicated the injured worker complains of: 1) Pain to the inner side of the right elbow. 2) Numbness from the right elbow to the hand. 3) Numbness from the left elbow to the hand. 4) Locking stiffness and crossing over of the left long finger. 5) Stiffness of the fingers of the right hand 6) Achiness of the right and left thumb areas, worsening with keyboarding. 7) Achiness-ridges on the topside of the right forearm. 8) Headaches. The provider documents objective findings "Decreased light touch sensation ulnar greater than median right side; pain to direct palpation and ulnar nerve proximal within and distal to the cubital tunnel right side; positive Finkelstein test and positive tenderness right first dorsal compartment; increased weakness of the ulnar nerve innervated muscles right hand." The provider also notes an EMG-NCV study was completed on 7-27-15 documenting those results as "NCV: mild to moderate bilateral carpal tunnel syndrome; mild to moderate bilateral cubital tunnel syndrome. EMG: Normal." The provider also notes in his assessment "We have recommended authorization for surgery for the right upper extremity for many months. If we have no authorization to proceed forward with surgery, then we will anticipate resuming all forms of conservative management, again for the patient's right upper extremity."

There is no documentation when these medications were initially started as the injured worker has had multiple surgeries on this claim. A Request for Authorization is dated 9-25-15. A Utilization Review letter is dated 9-10-15 and non-certification was for Flurbiprofen 20 Percent, Baclofen 10 Percent, Dexamethasone Micro .2 Percent, Hyaluronic Acid .2 Percent in Cream Base 240 Gram; Amitriptyline 10 Percent, Gabapentin 10 Percent, Bupivacaine 5 Percent, Hyaluronic Acid .2 Percent in Cream Base 240 Gram and Acupuncture 2x6 Right Wrist. Utilization Review letter is dated 9-10-15 modified the certification as follows for the purpose of weaning: Tramadol ER 250 MG #30 to #15 only; Hydrocodone/APAP 10/325 MG #90 to #45 only; Tylenol #3 #90 to #45 only and Tylenol #4 #90 to #45 only. A request for authorization has been received for Tramadol ER 250 MG #30; Hydrocodone/APAP 10/325 MG #90; Tylenol #3 #90; Tylenol #4 #90; Flurbiprofen 20 Percent, Baclofen 10 Percent, Dexamethasone Micro .2 Percent, Hyaluronic Acid .2 Percent in Cream Base 240 Gram; Amitriptyline 10 Percent, Gabapentin 10 Percent, Bupivacaine 5 Percent, Hyaluronic Acid .2 Percent in Cream Base 240 Gram and Acupuncture 2x6 Right Wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 250 MG #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, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Opioids.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication, Tramadol ER 250 MG #30, is not medically necessary.

Hydrocodone/APAP 10/325 MG #90: 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, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Opioids.

Decision rationale: According to the CA MTUS and the ODG, Hydrocodone/Acetaminophen is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Therefore, the request is not medically necessary. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms.

Tylenol #3 #90: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Opioids.

Decision rationale: Tylenol with Codeine is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. The requested medication is not medically necessary.

Tylenol #4 #90: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Opioids.

Decision rationale: Tylenol with Codeine is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. It is recommended as an

option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. Tylenol #4 has twice as much codeine as Tylenol #3. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. The requested medication Tylenol #4 #90 is not medically necessary.

Acupuncture 2x6 Right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Medical necessity for any further acupuncture is considered in light of "functional improvement". The records are not clear if the injured worker had prior acupuncture therapy, and what was the objective outcome. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Also 12 visits of acupuncture exceed the MTUS recommendation. Given the MTUS recommendations Acupuncture 2x6 Right Wrist is not medically necessary.

Flurbiprofen 20 Percent, Baclofen 10 Percent, Dexamethasone Micro .2 Percent, Hyaluronic Acid .2 Percent in Cream Base 240 Gram: 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Flurbiprofen is used as a topical NSAID. It has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week

period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. In this injured worker, the medical necessity for the requested topical cream has not been established. Therefore, as per guidelines stated above, the requested topical cream is not medically necessary.

Amitriptyline 10 Percent, Gabapentin 10 Percent, Bupivacaine 5 Percent, Hyaluronic Acid .2 Percent in Cream Base 240 Gram: 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. As per MTUS, there is no evidence for use of any other muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support its use. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. In this injured worker, the medical necessity for the requested topical compound cream has not been established. Therefore, the request is not medically necessary.