

<b>Case Number:</b>	CM15-0203126		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, North Carolina

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:

The injured worker is a 58 year old male who sustained an industrial injury on May 01, 2008. The worker is being treated for: repetitive use injury; carpal tunnel syndrome, and ulnar neuropathy. Subjective: September 10, 2015, right elbow pain, wrist pain. June 19, 2015, "pain and numbness of the right hand with gripping." Symptoms described as "sharp and tingly." Objective: September 10, 2015 left elbow with no swelling, no localized tenderness over the medial or lateral epicondyles, or over the olecranon; elbow motion is unrestricted. The right elbow noted pain diffusely from elbow down. Medications: September 10, 2015 "not currently taking medications." Prescribed: Lidocaine ointment, Gabapentin, and Tramadol. June 19, 2015, no medications, but prescribed: Flexeril, Nabumetone, and Tylenol EX. Treatment: carpal tunnel surgery (industrial another claim), activity modification, medication topical and oral, therapy physical, ice and heat application, thumb spica splint. On September 10, 2015 a request was made for Lidocaine 5% topical #30, and Tramadol HCL 50mg #30 that were non-certified by Utilization Review on September 17, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% topical #30/15/0: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing, Topical Analgesics.

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

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Topical lidocaine may be recommended for neuropathic pain after first-line agents (antidepressants, anti-epilepsy drugs) have failed. In this case, the request is for topical lidocaine. Topical lidocaine is only FDA approved for use in postherpetic neuralgia, which this patient does not have. In this case, there is also no evidence that the patient has failed to respond to first-line agents. Therefore the request is not medically necessary or appropriate.

**Tramadol HCL 50mg #30/30/0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: (Online Version) Tramadol/Acetaminophen (Ultracet), Opioids for chronic pain, Weaning, Opioids (specific guidelines), Opioids for neuropathic pain.

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

**Decision rationale:** Tramadol is a centrally acting synthetic opioid that is not recommended as a first-line agent (antidepressant, anti-epileptic). In most cases, pain treatment should begin with Acetaminophen, ASA, and NSAIDs. The medical records in this case do not establish failure of first-line agents. A note from 9/10/2015 states that the patient is receiving benefit from Nabumetone and Acetaminophen. The records do not document pain in the moderate-severe range on a Visual Analog Scale to support the use of opioids. Therefore the request for Tramadol is not medically necessary or appropriate.