

Case Number:	CM15-0026314		
Date Assigned:	02/18/2015	Date of Injury:	11/29/2011
Decision Date:	04/06/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/11/2015

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:

The injured worker is a 42 year old female, who sustained an industrial injury on November 29, 2011. She has reported injury from a car accident. The diagnoses have included gastritis secondary to irritable bowel syndrome, sleep dysfunction, adjustment disorder with mixed anxiety and depressed mood, orthopedic diagnoses. Treatment to date has included medications, psychiatric care, multiple surgeries, and radiological imaging. Currently, the IW complains of continued pain in the shoulders, neck and upper extremities. The records indicate she had acid reflux complaints which she reported being improved. Physical findings reveal mild tenderness in the epigastrium area of the abdomen, tenderness of the shoulders is noted with decreased range of motion. The records indicate an upper gastrointestinal series was unremarkable. The medication list include Zolpidem, lorazepam, Zanaflex, Tramadol, Omeprazole and Metamucil. The patient's surgical history include right elbow surgery on 1/12/14. The patient has had genetic testing for drug metabolism on 9/17/14 with normal findings. The patient has had MRI of the bilateral shoulder that revealed osteoarthritis and degenerative changes and EMG revealed CTS. Per the doctor's note dated 1/19/15 patient had complaints of pain in neck radiating to both shoulder and UE and upper abdominal pain. Physical examination of the neck and UE revealed tenderness on palpation and limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% cream in Lipoderm Base 64%, #210 grams (2x a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, Topical Analgesics Page(s): 111-112.

Decision rationale: Request: Retrospective Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% cream in Lipoderm Base 64%, #21. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." 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. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. The medication Flurbiprofen is a NSAID. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen, menthol are not recommended by MTUS in this patient. The medical necessity of the Retrospective Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% cream in Lipoderm Base 64%, #21, is not fully established in this patient.

Retrospective Tramadol HCL 37.5/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, criteria for use Page(s): 93-94, 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Retrospective Tramadol HCL 37.5/325mg, #60 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 norepinephrine. 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 can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Currently, the IW complains of continued pain in the shoulders, neck and upper extremities. Physical findings reveal mild tenderness in the epigastric area of the abdomen, tenderness of the shoulders is noted with decreased range of motion. The patient's surgical history include right elbow surgery on 1/12/14. The patient has had MRI of the bilateral shoulder that revealed osteoarthritis and degenerative changes and EMG revealed CTS- (carpal tunnel syndrome). Per the doctor's note dated 1/19/15 patient had complaints of pain in neck radiating to both shoulder and UE. Physical examination of the neck and UE revealed tenderness on palpation and limited range of motion. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This medical necessity of the request for Retrospective Tramadol HCL 37.5/325mg, #60 is deemed as medically appropriate and necessary.