

Case Number:	CM15-0028491		
Date Assigned:	02/20/2015	Date of Injury:	03/08/2007
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old female, who sustained an industrial injury on 03/08/2007. Initial complaints and diagnoses were not provided. Treatment to date has included conservative care, medications, and MRI of the cervical spine (05/30/2014). Per the progress report dated 09/29/2014 (no more-recent reports submitted), the injured worker complains of low back, left wrist and left knee pain. Current diagnoses pertinent to these complaints include lumbago, lumbar degenerative disc disease, right carpal tunnel syndrome, right de Quervain's disease, and left carpal tunnel syndrome. The treatment plan included medications (Ultram and gabapentin/flurbiprofen compound cream), obtain previous MRI films of the cervical spine, request authorization for electrodiagnostic testing of the upper extremities, request authorization for epidural steroid injection to the lumbar spine and request authorization for left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The claimant is more than eight years status post work-related injury and continues to be treated for chronic pain including left wrist, left knee, and low back pain. When seen by the requesting provider, there is no documentation of the claimant's response to the medications being prescribed. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ultram (tramadol) is an immediate release medication often used for intermittent or breakthrough pain. Although the requested dosing is within guideline recommendations and the claimant has chronic pain and the use opioid medication may be appropriate, the claimant's response to the treatment being provided is not documented. Whether there are issues of abuse, addiction, or poor pain control is unknown. Therefore, the medical necessity of the continued prescribing of Ultram is not established.

Gaba/Flur compound cream 240 gram: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant is more than eight years status post work-related injury and continues to be treated for chronic pain including left wrist, left knee, and low back pain. When seen by the requesting provider, there is no documentation of the claimant's response to the medications being prescribed. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested compounded medication was not medically necessary.