

Case Number:	CM15-0223829		
Date Assigned:	11/20/2015	Date of Injury:	08/26/2007
Decision Date:	12/30/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/13/2015

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

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 53 year old female, who sustained an industrial injury on 08-26-2007. She has reported injury to the right shoulder, mid back, and right upper extremity. The diagnoses have included right thoracic outlet syndrome with associated right shoulder capsulitis and vascular headaches; status post right brachial plexus and neurolysis with residuals; hypertension; gastritis; and chronic pain syndrome. Treatment to date has included medications, diagnostics, epidural steroid injection, and physical therapy. Medications have included Tramadol, Dexilant, Lisinopril-Hydrochlorothiazide, and Omeprazole. A progress report from the treating physician, dated 10-05-2015, documented a follow-up visit with the injured worker. The injured worker reported persistent right neck and right upper extremity pain, numbness, and tingling; recently, her pain has increased and the range of motion to the right shoulder has also decreased; she remains symptomatic; and she remains on Tramadol. Objective findings included there is severe right scalene tenderness, right pectoralis minor tenderness, and Roos test with right upper extremity weakness; and there is persistent right brachial plexus Tinel. The provider has noted that the urine drug screen performed on this day, is "negative for all medications, which is consistent with her current drug regimen". The treatment plan has included the request for Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Hyaluronic Acid 2%, Menthol 5% with 3 refills; and Tramadol 50mg. The original utilization review, dated 10-27-2015, non-certified the request for Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Hyaluronic Acid 2%, Menthol 5% with 3 refills; and Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Hyaluronic Acid 2%, Menthol 5% with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: The requested Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Hyaluronic Acid 2%, Menthol 5% with 3 refills, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has right neck and right upper extremity pain, numbness, and tingling; recently, her pain has increased and the range of motion to the right shoulder has also decreased; she remains symptomatic; and she remains on Tramadol. Objective findings included there is severe right scalene tenderness, right pectoralis minor tenderness, and Roos test with right upper extremity weakness; and there is persistent right brachial plexus Tinel. The provider has noted that the urine drug screen performed on this day, is "negative for all medications, which is consistent with her current drug regimen". The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Hyaluronic Acid 2%, Menthol 5% with 3 refills is not medically necessary.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: The requested Tramadol 50mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right neck and right upper extremity pain, numbness, and tingling; recently, her pain has increased and the range of

motion to the right shoulder has also decreased; she remains symptomatic; and she remains on Tramadol. Objective findings included there is severe right scalene tenderness, right pectoralis minor tenderness, and Roos test with right upper extremity weakness; and there is persistent right brachial plexus Tinel. The provider has noted that the urine drug screen performed on this day, is "negative for all medications, which is consistent with her current drug regimen", which is not consistent with the injured worker being prescribed Tramadol. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Tramadol 50mg is not medically necessary.