

Case Number:	CM15-0031635		
Date Assigned:	02/25/2015	Date of Injury:	01/30/2014
Decision Date:	04/10/2015	UR Denial Date:	02/15/2015
Priority:	Standard	Application Received:	02/19/2015

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: Physical Medicine & Rehabilitation

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 32 year old female, who sustained a work/ industrial injury on 1/30/14 as an accounting manager with increasing worsening pain, weakness, and numbness to both hands and elbows. She has reported symptoms of shoulder pain that would radiate to both sides of the neck, upper back, and distally to the arms associated with numbness and tingling in the elbow. Surgery included left carpal tunnel release, median nerve neurolysis, application of short arm splint on 9/9/14 and 4/22/14. The diagnoses have included cervical, shoulders, bilateral carpal tunnel release with residuals, bilateral epicondylitis, anxiety and depression. Treatments to date included medication, diagnostics, surgery, and pain management. Diagnostics included Magnetic Resonance Imaging (MRI) that reported disc abnormalities C5-6. Electromyogram reported entrapment neuropathy of median, ulnar nerves (carpal and cubital syndrome). Medications included Tramadol and Lyrica. The treating physician's report (PR-2) from 12/17/14 indicated no reflexes in the hands or elbows, stiff gait and antalgic; knees were hyperextended and had 2+ swelling in the bilateral lower extremities. On 1/26/15 there was note of cervical bulge with nerve root impingement bilaterally, bilateral shoulder strain with chronic overuse, carpal tunnel syndrome with releases, bilateral lateral epicondylitis, insomnia, anxiety, and depression. Plan was for topical creams. On 2/15/15, Utilization Review non-certified a Topical cream: Gabapentin 10% 30gm QTY: 1.00; Topical cream: Ketoprofen 20% 30gm QTY: 1.00; Topical cream: Tramadol 20% 30gm QTY: 1.00, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream: Gabapentin 10% 30gm QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The 2/15/15 Utilization Review letter states the Topical cream: gabapentin 10%, 30gm, Qty:1 requested on 1/30/15 was denied because MTUS does not recommend topical gabapentin. According to the 1/26/15 orthopedic report, the patient presents with neck and bilateral shoulder pain and is concerned that she may have some neurological disease that she looked up on the internet. The diagnoses include: C5/6 2-mm bulge with nerve root impingement bilaterally; bilateral shoulder sprain; bilateral status post carpal tunnel release with residuals; bilateral elbow lateral epicondylitis; anxiety and depression; insomnia; obesity. The plan includes Lyrica 15mg qd, and tramadol 150mg, qd. There is no discussion of topical medication usage or efficacy. MTUS Chronic Pain Medical Treatment Guidelines, page 111-113 under Topical Analgesics, in the section specifically for Gabapentin states topical gabapentin is not recommended, therefore the request for Topical cream: gabapentin 10%, 30gm, Qty: 1 IS NOT medically necessary.

Topical cream: Ketoprofen 20% 30gm QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The 2/15/15 Utilization Review letter states the Ketoprofen 20% topical cream, 30gm, Qty:1 requested on 1/30/15 was denied because MTUS states topical ketoprofen is not FDA approved and does not recommend it. According to the 1/26/15 orthopedic report, the patient presents with neck and bilateral shoulder pain and is concerned that she may have some neurological disease that she looked up on the internet. The diagnoses include: C5/6 2-mm bulge with nerve root impingement bilaterally; bilateral shoulder sprain; bilateral status post carpal tunnel release with residuals; bilateral elbow lateral epicondylitis; anxiety and depression; insomnia; obesity. The plan includes Lyrica 15mg qd, and tramadol 150mg, qd. There is no discussion of topical medication usage or efficacy. MTUS Chronic Pain Medical Treatment Guidelines, page 111-113 under Topical Analgesics, in the Non-steroidal anti-inflammatory agent (NSAIDs) section, states Ketoprofen is not currently FDA approved for topical application. The request for Ketoprofen 20% topical cream, 30gm, Qty: 1 IS NOT medically necessary.

Topical cream: Tramadol 20% 30gm QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The 2/15/15 Utilization Review letter states the Topical cream: tramadol 20%, 30gm, Qty: 1 requested on 1/30/15 was denied because the FDA website states tramadol is only FDA approved for oral administration. According to the 1/26/15 orthopedic report, the patient presents with neck and bilateral shoulder pain and is concerned that she may have some neurological disease that she looked up on the internet. The diagnoses include: C5/6 2-mm bulge with nerve root impingement bilaterally; bilateral shoulder sprain; bilateral status post carpal tunnel release with residuals; bilateral elbow lateral epicondylitis; anxiety and depression; insomnia; obesity. The plan includes Lyrica 15mg qd, and tramadol 150mg, qd. There is no discussion of topical medication usage or efficacy. MTUS Chronic Pain Medical Treatment Guidelines, page 111-113 under Topical Analgesics states these are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The provided records from 6/23/14 through 1/26/15 do not show that the patient has tried any first line analgesic medications that would allow use of oral tramadol, and there does not appear to be any documentation of trial and failure of antidepressants to support use of topical analgesics. Based on the provided records, the MTUS requirements for topical analgesics and MTUS requirements for use of tramadol have not been met. The request for Topical cream: tramadol 20%, 30gm, Qty: 1, IS NOT medically necessary.