

Case Number:	CM15-0033012		
Date Assigned:	02/26/2015	Date of Injury:	03/27/2013
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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, Arizona

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 30-year-old female who reported injury on 03/27/2013. The mechanism of injury was unspecified. Her diagnoses include status post right cyst removal status post left wrist carpal tunnel release, status post trigger thumb release, and rule out bilateral wrist carpal tunnel syndrome. Her past treatments include surgery, medications, and brace. On 01/26/2015, the injured worker complained of bilateral elbow, bilateral wrist, and bilateral hand pain. She rated her pain at an 8/10, indicating it to be frequent, and are all rated the same. She noted the pain was made better with rest and medication. The injured worker utilizes Tylenol 3 to bring her pain from an 8/10 to a 3/10, and tramadol from 8/10 to 5/10; allowing her to do more grasping and gripping with her bilateral hands. The physical examination revealed slightly weak grip strength and slight decreased sensation. The treatment plan included Ultram, flurbiprofen/lidocaine cream, a urine toxicology screening, and Keratek gel. A rationale was not provided. A Request for Authorization form was submitted on 01/28/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol) 50mg #120, 1-2 tablets by mouth every 6-8 hours as needed: Upheld
Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker was indicated to have been on tramadol for an unspecified duration of time. The documentation indicated the injured worker had pain relief from an 8/10 to a 5/10 with more of a pain relief; with indication for an increase in grasping and gripping with the bilateral hands with medication use. However, there was a lack of documentation in regard to evidence of monitoring for side effects and aberrant drug related behaviors. In the absence of the above, the request is not supported by the evidence based guidelines. A weaning schedule should be implemented due to long term use of opioids. As such, the request is not medically necessary or appropriate.

Flurbiprofen/Lidocaine cream (20%/5%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal antiinflammatory agents (NSAIDS)topical analgesics.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound contains NSAIDs, which is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and is recommended for short-term use 4-12 weeks. Furthermore, the compound contains Lidocaine, which may be used 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). However, there are no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The injured worker was noted to be utilizing compound cream. However, the compound contains lidocaine, which is not approved in the formulations of a cream, lotion, or gel. There was also a lack of documentation to indicate the injured worker has had a trial of antidepressants and anticonvulsants, along with a first line trial therapy of tricyclics, SNRI antidepressants; or for antiepileptic drugs. In addition, there was a lack of documentation to indicate the injured worker had osteoarthritis or tendonitis. More specifically, the request as submitted failed to specify a quantity and a specific body region for topical use. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The California MTUS Guidelines recommend a urine drug screen be used to assess for the use or presence of illegal drugs and may be required if there is suspected non-compliance or to avoid misuse or abuse of opioids. The injured worker was indicated to have been on opioids for an unspecified duration of time. However, there was a lack of documentation upon physical examination to indicate the use or presence of illegal drugs. Furthermore, there was a lack of documentation to indicate the injured worker was noncompliant; had misuse or abuse of opioid regimens. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Kera-Tek Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Salicylates are recommended. The injured worker was indicated to have been utilizing Keratek gel. Although topical salicylates are approved for topical use; however, there was a lack of documentation in regard to a failed trial of antidepressants and anticonvulsants. In addition, the request failed to specify a frequency, dosage, quantity, and body region for specific topical use. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.