

Case Number:	CM15-0037286		
Date Assigned:	03/04/2015	Date of Injury:	09/19/2013
Decision Date:	04/20/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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, Washington

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 54-year-old female who reported an injury on 09/19/2013. The mechanism of injury was a fall. The injured worker was noted to undergo right thumb and wrist surgery on 04/30/2014. The injured worker was noted to have no benefit of her wrist pain and was noted to have a postoperative infection. The nerve conduction study dated 10/30/2014 revealed the injured worker had decreased right medial motor nerve conduction velocity that was likely residual finding after the right carpal and cubital tunnel releases. The injured worker was noted to have left mild carpal tunnel syndrome. The documentation of 02/02/2015 revealed the injured worker's pain was a 5/10 to 6/10. The pain was described as burning and pressure. The injured worker indicated the problem was in the left patellar tendon. The injured worker was noted to have hand and wrist pain and shoulder pain. The injured worker indicated the hand and wrist pain was moderate, constant, and there was associated soreness and numbness. The injured worker was in the office additionally for a follow-up of elbow pain and hip pain. The injured worker as noted to have no evidence of drug abuse or diversion, no aberrant drug behavior, and no ABRs. The injured worker had no side effects or complications. The urine drug screens were within normal limits. The injured worker indicated that she had approximately 70% improvement of pain with her medications. There was noted to be no authorization for physical therapy as requested for the injured worker despite the request being in December. There was documentation indicating the injured worker did not have authorization for an evaluation with a plastic surgeon for severe tissue damage due to a scraping injury in her leg despite being requested in 08/2014. The injured worker was treated by her primary care physician for a wound

infection and had improvement. The injured worker's medications included Butrans 20 mcg/hour patch 1 patch every 7 days, ciprofloxacin 500 mg twice a day x30 days, estradiol, Fetzima 80 mg 1 daily, Gralise ER 600 mg tablets 1 to 2 at bedtime, oxybutynin 15 mg, pantoprazole sodium delayed release tablets 40 mg, and tramadol 50%, flurbiprofen 20%, cyclobenzaprine 2%, baclofen 2% apply 1 to 2 grams to affected area 2 to 4 times per day. The physical examination revealed positive impingement, and palpation of the AC joint revealed moderate tenderness. The injured worker was noted to have redness around the wound site. The treatment plan included 10 sessions of physical therapy, an evaluation for a physician with the MRI of the lumbar spine, medications, Fetzima and Gralise, the plastic surgeon for the severity of the right shin scraping with exfoliation, an evaluation with the hand surgeon based upon the results of the EMG/NCV on 02/13/2015, and a request was made for a vascular surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20 mcg/hr patch, Fetzima 80mg, Gralise ER 600mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing, antidepressants, Antiepileptic Drugs Page(s): 60, 78, 86, 13, 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. The injured worker was noted to have 70% improvement in pain. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the quantity and the frequency for the requested Butrans. This portion of the request would not be supported. The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. The documentation indicated the injured worker had utilized samples. There was a lack of documentation of objective functional benefit and objective decrease in pain. The request as submitted failed to indicate the frequency and the quantity of medication being requested. As such, the request for Fetzima 80mg is not supported. The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as first line medications for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had 70% relief in pain. However, there was a lack of documentation of objective functional improvement. As such, the request for Gralise would not be supported. Additionally, the request as submitted failed to

indicate the frequency and quantity of Gralise being requested. Given the above, the request for Butrans 20 mcg/hr patch, Fetzima 80mg, Gralise ER 600mg is not medically necessary.

Compound Medications: Tramadol 5%/ Flurbiprofen 20%/ Cyclobenzaprine 2%/Baclofen 2%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Flurbiprofen, Topical analgesics, Cyclobenzaprine, Baclofen Page(s): 82, 72, 111, 41, 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety; are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not currently FDA approved for a topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The addition of cyclobenzaprine to other agents is not recommended. They do not recommend the topical use of cyclobenzaprine as a topical muscle relaxants, as there is no evidence for use of any other muscle relaxant as a topical product. Baclofen is not recommended, as there is no peer reviewed literature to support its use. The clinical documentation submitted for review failed to provide documentation the injured worker had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating any necessity for 2 topical muscle relaxants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations and FDA recommendations. Additionally, the request as submitted failed to indicate the frequency and body part to be treated as well as the specific quantity of medication being requested. Given the above, the request for compound medications: tramadol 5%/ flurbiprofen 20%/ cyclobenzaprine 2%/baclofen 2% is not medically necessary.

Vascular surgeon referral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend upon ruling out a potentially serious condition, conservative management should be

provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to provide a rationale for the requested surgeon. Given the above, the request for vascular surgeon referral is not medically necessary.

Hand surgeon referral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation is appropriate for patients who have a failure to respond to conservative management and who have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The clinical documentation submitted for review indicated the injured worker had EMG/NCV findings for possible residual carpal tunnel and cubital tunnel. However, there was a lack of documentation of a failure of conservative care. There was a lack of documentation of objective findings upon physical examination to support the necessity. Given the above, the request for hand surgeon referral is not medically necessary.

Physical therapy x 10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to provide documentation of prior therapies. Additionally, the request as submitted failed to indicate the body part to be treated with physical therapy treatment. There was a lack of documentation of objective functional deficit to support the necessity. Given the above, the request for physical therapy x 10 is not medically necessary.