

Case Number:	CM15-0051244		
Date Assigned:	03/24/2015	Date of Injury:	06/18/2012
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/18/2015

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: Preventive Medicine, Occupational 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 06/18/2012. Comorbid conditions include severe depression for which she is receiving cognitive behavioral therapy. Treatment to date has included electrodiagnostic studies in 2012, psychotherapy, carpal tunnel injection, bone scan, physical therapy, TENS unit and medications (gabapentin, tramadol ER [used now for over 3 months], Naflon [used now for over 3 months], LidoPro and Protonix). Currently, the injured worker complains of persistent right wrist pain, sensitivity and weakness in the wrist joint and numbness and tingling in the fingers. The primary care provider has diagnosed her symptoms as due to: 1. Wrist joint inflammation with triangular fibrocartilage complex (TFCC) ligament tear, extensor carpi ulnaris tenosynovitis, ganglion cyst along the scapholunate area, TFCC ligament radial tear with median nerve inflammation noted by MRI. Nerve study was pending. 2. Major causalgia and chronic regional pain syndrome involving shoulder, elbow, wrist and hand. 3. Chronic pain syndrome. However, a qualified medical examiner (QME) has disputed these diagnoses and stated that the symptoms are a hysterical reaction stemming from the patient's psychological issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol extended release 150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60-1, 74-96.

Decision rationale: Ultram (tramadol) an opioid pain medication used to treat moderate to moderately severe pain with usual dosing every 6-8 hours. It acts by binding to the -opioid receptor but it also inhibits the reuptake of serotonin and norepinephrine. Because of this second activity, it must be used cautiously in patients taking serotonin reuptake inhibitor medications as the combined medications may precipitate a life-threatening serotonin syndrome event. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day. Studies have shown the effectiveness of this medication to control pain for up to three months but there are no long-term studies available showing effectiveness of chronic use. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. The present provider has not documented meeting this criteria in that the appropriate monitoring of this patient is not documented even though he does note the improvement in pain control with medication. The patient has tried and failed first line medications. Given all the above information, medical necessity for continued use of Tramadol ER has not been established at this time. Therefore, the requested treatment is not medically necessary.

Lidopro Lotion 4 ounces #1: 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 Capsaicin, topical; Lidocaine; Salicylate topicals; Topical Analgesics Page(s): 28-9, 56, 105, 111-13.

Decision rationale: Capsaicin, lidocaine, menthol and methyl salicylate (Lidopro) cream is a combination product formulated for use as a topical analgesic. Capsaicin is a capsaicinoid compound with analgesic properties. It is used medically in the form of a topical ointment, spray or patch and is indicated for the temporary relief of minor aches and pains of muscles and joints and to reduce the symptoms of a peripheral neuropathy. It has also been used to treat the itching and inflammation caused by psoriasis. When compared to a placebo, its use has been superior in relieving chronic neuropathic pain and musculoskeletal pain. Lidocaine is an anesthetic recommended in the MTUS only for treatment of neuropathic pain and only in the formulation Lidoderm. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. Methyl salicylate is a non-

steroidal anti-inflammatory medication (NSAID) and studies have shown NSAIDs have been effective when given topically in short-term use trails for chronic musculoskeletal pain. However, long-term use of topical NSAIDs has not been adequately studied.. It is important to note the MTUS states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since lidocaine in combination with any other product is not recommended for topical use, this product is not recommended. Medical necessity for use of this preparation has not been established. Therefore, the requested treatment is not medically necessary.

Nalfon 400 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines NSAID (non-steroidal anti-inflammatory medication) Page(s): 67-73.

Decision rationale: Fenoprofen (Nalfon) is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommend for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. Medical necessity for continued use of this medication has not been established. Therefore, the requested treatment is not medically necessary.