

Case Number:	CM14-0113289		
Date Assigned:	08/01/2014	Date of Injury:	08/30/2011
Decision Date:	10/09/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old female who reported an injury on 08/30/2011 due to an unknown mechanism. Diagnoses were carpal tunnel syndrome, cervical degenerative disc disease, and myofascial pain. Past treatments were acupuncture and home exercise program. Diagnostic studies were not reported. Surgical history was not reported. Physical examination on 06/23/2014 revealed a pain level at a 07/10. The injured worker complained of neck, left hand and wrist pain. It was reported that medications helped with pain of about 30% to 40%, and keep her activities of daily living going. Examination revealed decreased cervical range of motion. There was diffuse pain upon palpation in the cervical area. Medications were tramadol 37.5/325 and Lidopro ointment. Treatment plan was to continue medications as directed, continue home exercise program. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol / APAP 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The California Medical Treatment Utilization Schedule states central analgesic drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The medical guidelines also recommend that there should be documentation of the 4 A's for ongoing monitoring including Analgesia, Activities of daily living, Adverse side effects and Aberrant drug taking behavior. The 4 A's for ongoing monitoring were not reported. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. Therefore, the request for Tramadol/APAP 37.5/325mg #90 is not medically necessary.

Lidopro Ointment 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics, Topical Capsaicin, Lidocaine, Page(s): 105, 111, 28, 11.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They 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. Capsaicin is only recommended as an option in patients who have not responded to or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation will provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI to antidepressants where an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, Lidopro is a topical analgesic containing capsaicin/lidocaine/menthol/methyl salicylate. The medical guidelines do not support the use of compounded topical analgesics. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request for Lidopro Ointment 121gm is not medically necessary.