

Case Number:	CM14-0117269		
Date Assigned:	08/06/2014	Date of Injury:	08/29/2012
Decision Date:	09/29/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/25/2014

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 California. 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 claimant is a 47-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of 08/29/12. In a handwritten progress note dated 04/16/14, difficult to follow, not entirely legible, the claimant was apparently having numbness tingling, paresthesias associated with carpal tunnel syndrome. The claimant was reportedly worsened. An orthopedic surgery consultation was sought for the purposes of considering a carpal tunnel release surgery. Gabapentin, Tizanidine, and Tramadol were endorsed. The claimant was described as off of work. It was stated that the claimant was a "qualified injured worker" implying that the claimant was not, in fact, working. The documentation on file was, as previously noted, quite sparse. It did appear, however, that each of the medications in question did represent a renewal request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex Compound Cream 120 gm.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 111, 113.

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

Decision rationale: Fluriflex is a compounded product containing Flurbiprofen and Flexeril. As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Shown to be superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. There is no documentation to support where this topical compound is to be used therefore it is not recommended. 2) Cyclobenzaprine: Not recommended for topical application. Since both products are not recommended, Fluriflex is not medically necessary.

Tramadol 50 mg. #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation or analgesia criteria. The prescription has an excessive number of tablets with large number of refills that does not meet MTUS requirements for close monitoring for patients on Opioids. Due to excessive prescription and not meeting criteria, this prescription for Tramadol is not medically necessary.

Colace 100 mg. #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As per MTUS Chronic pain and ACOEM Guidelines, constipation treatment or prophylaxis only relates to patients undergoing opioid therapy. Patient's medication list was not provided and the only noted opioid pt is on is Tramadol which in this review is not recommended. There is no documentation of any constipation. Since tramadol is not recommended, pt no longer require constipation prophylaxis. Colace is not medically necessary.

Tizanidine 4 mg. #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodics Drugs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodics Page(s): 60.

Decision rationale: Zanaflex(Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short term use and for flare ups only. There is no documentation of any muscle spasms on history or exam. Pt appears to be chronically on tizanidine with no documentation of any improvement in pains. The documentation does not support use of Tizanidine and the number of tablets does not support a plan for short term use. Tizanidine is not medically necessary.

Gabapentin 300 mg. #100 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

Decision rationale: Gabapentin(Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. Pt has documentation of neuropathic pains specifically carpal tunnel syndrome. While there are notes mentioning other EMG/NCVs done, those reports were not provided. There is some evidence that it may be useful in fibromyalgia but pt does not have that diagnosis. Pt has also been on this medication for at a least 6months with no documentation improvement in pain. The lack of documentation of improvement, monitoring or side effects and what this medication is actually being used for means Neurontin is therefore not medically necessary.