

Case Number:	CM14-0131684		
Date Assigned:	08/20/2014	Date of Injury:	07/12/2012
Decision Date:	09/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 44-year-old male who reported an injury on 07/12/2012. The mechanism of injury was not provided. On 08/05/2014, the injured worker presented with bilateral wrist and bilateral elbow pain. Upon examination, positive Tinel's sign on the right and a positive Phalen's test. The Jamar hand grip for the right was 140/130/140 and the left was 100/100/100. The diagnoses were left carpal tunnel syndrome, status post left carpal tunnel release on 02/07/2014, carpal tunnel syndrome, cervical sprain/strains, rule out herniated nucleus pulposus, depression and anxiety, hypertension and morbid obesity. Current medications included Prilosec and Tramadol. The provider recommended Prilosec, topical cream. The provider's rationale was not provided. The Request for Authorization form was dated 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen, Gabapentin, Tramadol topical cream: 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.

Decision rationale: The request for ketoprofen, gabapentin, tramadol topical cream is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controls to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Muscle relaxants are not recommended for topical treatment. The guidelines note that gabapentin is not recommended for topical treatment. Topical NSAIDs are recommended osteoarthritis and tendinitis in that of the knee and elbow or other joints that are amenable to topical treatment. The recommended use is 4 to 12 weeks. The guidelines do not recommend the use of muscle relaxants or gabapentin for topical application. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants or cholinergic receptor agonists and adrenergic receptor agonist and adenosine. There is little to no research to support the use of many of these agents. There is lack of documentation of a failed trial of an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the frequency or site the medication is indicated for in the request as submitted. As such, the medical necessity has not been established.

Tramadol 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for tramadol 150 mg with a quantity of 60 is not medically necessary. California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug abuse behavior and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request does indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Prilosec 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg with a quantity of 90 is not medically necessary. According to California MTUS proton pump inhibitors may be recommended for

injured workers with dyspepsia secondary to NSAID therapy or for those seeking NSAID medications who are at moderate to high risk for gastrointestinal events. There is lack of documentation that the injured worker had a diagnosis congruent with the guideline recommendations of Prilosec. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The provider did not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

OTC Arnica 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.

Decision rationale: The request for OTC arnica is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controls to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Muscle relaxants are not recommended for topical treatment. The guidelines note that gabapentin is not recommended for topical treatment. Topical NSAIDs are recommended osteoarthritis and tendinitis in that of the knee and elbow or other joints that are amenable to topical treatment. The recommended use is 4 to 12 weeks. The guidelines do not recommend the use of muscle relaxants or gabapentin for topical application. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants or cholinergic receptor agonists and adrenergic receptor agonist and adenosine. There is little to no research to support the use of many of these agents. There is lack of documentation of a failed trial of an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the frequency or site the medication is indicated for in the request as submitted. As such, the medical necessity has not been established.