

Case Number:	CM14-0149903		
Date Assigned:	09/18/2014	Date of Injury:	08/19/2013
Decision Date:	11/10/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 of unspecified mechanism on 08/19/2013. On 07/10/2014, her diagnoses included status post carpal tunnel release bilateral wrists with recurrence on right side and left hand pain secondary to compensating for right wrist. Her complaints included dull to sharp constant right wrist pain with numbness and tingling in her finger tips and dull to sharp pain in the left wrist occurring most of the time. Her medications included Tizanidine 4mg, Tramadol 50mg, and 2 compounded creams. A Request for Authorization for the oral medications only, dated 07/11/2014, was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60 DOS 7/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for Zanaflex 4 Mg #60 for date of service (DOS) 7/10/14 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be

used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic pain. In most pain cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs). Efficacy appears to diminish over time. Zanaflex is FDA approved for management of spasticity and unlabeled use for low back pain. It was recommended as a first line option to treat myofascial pain. There is no evidence in the submitted documentation that this injured worker had myofascial pain or spasticity. Additionally, there was no frequency specified in the request. Therefore, this request for Zanaflex 4 Mg #60 DOS 7/10/14 is not medically necessary.

Ultram 50 Mg #60 DOS 7-10-14: 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 Opioids and Tramadol (Ultram) Page(s): 74-95 and 113.

Decision rationale: The request for Ultram 50 mg #60 DOS 7-10-14 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, or drug screens. Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first line oral analgesic. Additionally, there was no frequency specified in the request. Therefore, this request for Ultram 50 Mg #60 DOS 7-10-14 is not medically necessary.

Topical: (Flurbiprofen 20% with Lido 5%, Menthol 5%, Camphor 1%, Capsaicin 0.025% Cream 10 GM) DOS 7-10-14: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The request for the topical compounded: Flurbiprofen 20% with Lido 5%, Menthol 5%, Camphor 1%, Capsaicin 0.025% Cream 10 gm DOS 7-10-14 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experiment 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. Many agents are compounded in combination for pain control, including NSAIDs, opioids, and capsaicin. There is little to no research to support the use of many of these agents.

Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only FDA approved NSAID for topical application is Voltaren gel 1% (Diclofenac), which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. The only form of FDA approved topical application of lidocaine is the 5% transdermal patch for neuropathic pain. There was no frequency of application included in this request. Additionally, the body part or parts to have been treated were not identified. Therefore, this request for Topical: (Flurbiprofen 20% with Lido 5%, Menthol 5%, Camphor 1%, Capsaicin 0.025% Cream 10 GM) DOS 7-10-14 is not medically necessary.

**(Tramadol 15% With Dextromethorphan 10%, Capsaicin 0.025% Cream Lipase 30 Gm)
DOS 07-10-14: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Tramadol 15% with Dextromethorphan 10%, Capsaicin 0.025% Cream Lipase 30 Gm DOS 07-10-14 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experiment 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. Many agents are compounded in combination for pain control, including capsaicin. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is used for treatment for osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. There is no evidence in the submitted documentation that this injured worker had any of the above diagnoses. There was no frequency of application included in the request. Additionally, the body part or parts to have been treated were not indicated. Therefore, this request for Tramadol 15% with Dextromethorphan 10%, Capsaicin 0.025% Cream Lipase 30 gm DOS 07-10-14 is not medically necessary.