

Case Number:	CM14-0089870		
Date Assigned:	09/05/2014	Date of Injury:	09/23/2011
Decision Date:	11/06/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/13/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 55-year-old female with a 9/23/11 date of injury. A specific mechanism of injury was not described. According to a progress report dated 3/5/14, the patient complained of right arm stiffness and bilateral wrists and shoulder pain. She also complained of headache. There was no physical assessment documented in the records submitted for review. Diagnostic impression: stiffness shoulder, inflammation shoulders, epicondylitis medial, and inflammation wrists. Treatment to date: medication management, activity modification. Home exercise program. A UR decision dated 5/19/14 denied the retrospective requests for Retrospective Flurbiprofen 25 percent/Lidocaine 5 percent/Menthol 5 percent/Camphor 1 percent 30gm and Ultram ER. Regarding the requested topical analgesics, MTUS guidelines do not support the current request as it is noted that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Regarding Ultram ER, the patient's past history of opioid use as well as any urine drug screening results has not been provided. The documentation does not indicate clearly if the patient has been utilizing Ultram ER on a long-term basis, and if so, the duration of treatment, demonstrated functional improvements, reduction in pain, and results of monitoring for adherence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 25 percent/Lidocaine 5 percent/Menthol 5 percent/Camphor 1 percent 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/10/14) Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of Flurbiprofen or lidocaine in a topical cream or lotion formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. In addition, there is no documentation of the date of service being requested for this retrospective request. Since the date of service is not indicated, this request cannot be substantiated. Therefore, the request for retrospective Flurbiprofen 25 percent/Lidocaine 5 percent/Menthol 5 percent/Camphor 1 percent 30gm is not medically necessary.

Retrospective Ultram E.R.150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 OPIATES Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, there is no documentation of the date of service being requested for this retrospective request. Since the date of service is not indicated, this request cannot be substantiated. Therefore, the request for retrospective Ultram E.R. 150mg #60 is not medically necessary.