

Case Number:	CM15-0019747		
Date Assigned:	02/09/2015	Date of Injury:	06/02/1997
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on 6/02/1997. The diagnoses have included status post bilateral carpal tunnel releases, with residual. Treatment to date has included surgical interventions and conservative treatments. Electrodiagnostic studies of the bilateral upper extremities, dated 9/30/2014, noted no evidence of recurrent carpal tunnel syndrome, no other evidence of a specific entrapment or traumatic neuropathy, and no evidence of polyneuropathy. Magnetic resonance imaging report of the right shoulder, dated 10/11/2014, was submitted. On 12/16/2014, the injured worker complained of bilateral shoulder pain, ongoing. On exam of the right shoulder, passive forward range of motion was 160 degrees, positive impingement sign, and reproducible pain. Her right shoulder was injected with Toradol/Lidocaine. Oral medications included Motrin. Topical Ultracin lotion was noted as needed for acute exacerbation. On 1/26/2015, Utilization Review non-certified a request for a Toradol injection (given 12/16/2014) and a prescription for Ultracin lotion (apply 2-3 times daily as needed) #120 gm x2 refills, noting the lack of compliance with MTUS Guidelines and/or Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 12/16/14) Toradol Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/ketorolac

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.

Ultracin lotion apply twice a day to 3 times a day as needed #120grms 2 refills: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ultracin contains topical NSAID and capsaicin. In this case, the claimant had been on oral and injectable NSAIDs. The systemic absorption of topical NSAIDs can reach that of oral medication. There is a decline in efficacy after 2 weeks of use. In this case, the claimant was provided with a 3 month supply. Based on the above, the use of Ultracin is not medically necessary.