

Case Number:	CM15-0110142		
Date Assigned:	06/16/2015	Date of Injury:	02/17/2015
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female who sustained an industrial injury on 02/17/2015. Current diagnoses include cervical spine musculoligamentous strain/sprain with radiculitis, thoracic spine musculoligamentous strain/sprain, myofascial pain, lumbosacral spine musculoligamentous strain/sprain with radiculitis, left shoulder tendinosis, bilateral wrist carpal tunnel syndrome, history of left thumb and left long trigger fingers, left thumb tenosynovitis, left thumb metacarpophalangeal joint osteoarthritis, left ankle strain/sprain, and depression and anxiety. Previous treatments included medication management. Previous diagnostic studies include a left shoulder MRI. Initial injuries included back pain, bilateral wrist/hand pain, left ankle pain, and leg radiating pain and numbness due to repetitive activities. Report dated 04/16/2015 noted that the injured worker presented with complaints that included neck, mid/upper back, lower back, left shoulder, left thumb, and left ankle. Also noted was pain and numbness in the bilateral wrists and depression/anxiety. Pain level was 9 (neck, mid/upper back, lower back, left shoulder, and right wrist), 10 (left wrist and left thumb), and 8 (left ankle) out of 10 on a visual analog scale (VAS). It was noted that pain levels have increased since last visit. Physical examination was positive for tenderness to palpation in the cervical spine, thoracic spine, lumbar spine, left shoulder, bilateral wrists, left thumb, and left ankle, and trigger points were present in the trapezius. The treatment plan included prescribing physical therapy for the cervical spine, thoracic spine, lumbar spine, left shoulder, and left ankle, Ultram and compound creams were prescribed, and extracorporeal shockwave therapy. Disputed treatments include Amitriptyline 10%/Gabapentin 10%, Ultram Tab 50 MG, Flurbiprofen 20% Baclofen 5% Camphor 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10 Percent/Gabapentin 10 Percent: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for amitriptyline/Gabapentin, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Gabapentin is not supported by the CA MTUS for topical use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested amitriptyline /Gabapentin is not medically necessary.

Ultram Tab 50 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 -9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram is not medically necessary.

Flurbiprofen 20 Percent/Baclofen 5 Percent/Camphor 2 Percent: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for flurbiprofen/baclofen, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the aforementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested flurbiprofen/Baclofen is not medically necessary.