

Case Number:	CM15-0123295		
Date Assigned:	07/07/2015	Date of Injury:	01/06/2014
Decision Date:	08/04/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/26/2015

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: Massachusetts

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 48 year old female who sustained an industrial injury on 1/6/14. Treatments include medications, acupuncture and physical therapy. Primary physician's progress report dated 5/1/15 reports right shoulder, right wrist and right hand pain. The right shoulder pain is constant moderate to 7/10, throbbing and radiates to the right arm and back with cramping and muscle spasm. Right wrist pain is activity dependent to constant, 7-8/10, stabbing, throbbing and radiates to the hand and fingers with numbness, tingling and weakness. Right hand has stabbing pain in the trigger finger. The pain is relieved with medication. Diagnoses include: right shoulder impingement syndrome and right wrist pain. Plan of care includes: medications; naproxen, protonix, Tramadol, and topical creams, request authorization for 30 day supply 180 grams gabapentin 10%/amitriptyline 10%/bupivacaine 5%, request cortisone injection, request for urine toxicology screening to continue while on medications no less than monthly. Work status: return to modified work on 5/1/15 no pulling, pushing, lifting or carrying more than 5 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury with a date of injury in January 2014 and continues to be treated for right upper extremity pain. When seen, she was having right shoulder, wrist, and hand pain. Pain was rated at 7/10 and was unchanged. Physical examination findings included shoulder and wrist tenderness with decreased range of motion. There was pain with shoulder apprehension and Phalen's testing. There was pain with flexion of the third middle finger. Medications were refilled, including tramadol ER, topical creams, naproxen, and Protonix. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 180 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury with a date of injury in January 2014 and continues to be treated for right upper extremity pain. When seen, she was having right shoulder, wrist, and hand pain. Pain was rated at 7/10 and was unchanged. Physical examination findings included shoulder and wrist tenderness with decreased range of motion. There was pain with shoulder apprehension and Phalen's testing. There was pain with flexion of the third middle finger. Medications were refilled, including tramadol ER, topical creams, naproxen, and Protonix. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.

Flurbiprofen 20%/ Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin .25% cream base 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury with a date of injury in January 2014 and continues to be treated for right upper extremity pain. When seen, she was having right shoulder, wrist, and hand pain. Pain was rated at 7/10 and was unchanged. Physical examination findings included shoulder and wrist tenderness with decreased range of motion. There was pain with shoulder apprehension and Phalen's testing. There was pain with flexion of the third middle finger. Medications were refilled, including tramadol ER, topical creams, naproxen, and Protonix. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, the claimant is also taking the oral non-steroidal anti-inflammatory medication Naproxen. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.