

Case Number:	CM15-0126087		
Date Assigned:	08/04/2015	Date of Injury:	07/01/2005
Decision Date:	09/22/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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 63 year old female who sustained an industrial injury on 07-01-2005. Current diagnoses include bilateral shoulder impingement syndrome, rule out rotator cuff pathology, status post right shoulder surgery x3-remote, rule out lumbar disc injury, rule out lumbar radiculopathy, and bilateral wrist and hand pain, rule out upper extremity compression neuropathy. Previous treatments included medications, physical therapy, home exercise program, and surgical interventions. Previous diagnostic studies included an upper extremity electromyography (EMG) and nerve conduction study (NCS) dated 09-13-2011, which revealed a normal study. Report dated 05-20-2015 noted that the injured worker presented with complaints that included right shoulder pain, left shoulder pain, low back pain with left greater than right lower extremity symptoms, right wrist and hand pain, left wrist and hand pain. Pain level was 7 (right shoulder), 6 (left shoulder), 5 (low back), 5 (right wrist and hand), and 6 (left wrist and hand) out of 10 on a visual analog scale (VAS). Current medications include tramadol, cyclobenzaprine, pantoprazole, and over the counter ibuprofen. The injured worker stated that she has been diagnosed with an ulcer and is inquiring about alternatives to oral non-steroidal anti-inflammatory medications (NSAID) as prior NSAID use has facilitated a diminution in pain and improved range of motion. It was further noted that a trial of topical NSAID did facilitate a 5 point diminution in right shoulder and left shoulder pain as well as low back pain, and improved range of motion. Physical examination was positive for limited range of motion in the right and left shoulder, and diminished sensation over the median nerve distribution bilaterally, and positive Tinel's bilaterally. The treatment plan included continuing with request for

continued physical therapy, awaiting response for reconsideration to proceed with MRI of the left shoulder, observe in regards to right shoulder, request for EMG and NCV study of the bilateral upper extremity due to upper extremity neurologic findings remain disproportionate, await response for reconsideration for topical compound, retro-re-request for new LSO brace, and request for cyclobenzaprine, tramadol, and pantoprazole, initiated urine toxicology screen, and follow up in 4 weeks. The physician noted that the injured worker has significant improvement with prior topical analgesic use, failed prior antiepileptic drug and antidepressant in regards to neuropathic-radicular pain components, and has failed NSAID due to gastrointestinal upset even with a proton pump inhibitor. The physician noted that the injured worker has not returned to work for some time following her work related injury. The injured worker has been prescribed Tramadol since at least 11-19-2014. Report dated 04-29-2015 notes that the injured worker has failed Celebrex in the past. Disputed treatments include NCV study and EMG of bilateral upper extremities, Tramadol, and topical compound ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG and NCS of the upper extremities, ACOEM Practice Guidelines state that the electromyography may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is documentation of prior EMG in 2006 that was normal. The patient however now has signs and symptoms suggestive of focal entrapment neuropathy more recently. There is a positive Tinel's sign noted in note dated 7/2015. Given the time frame since the last exam, and the provocative maneuvers suggesting nerve entrapment, the current request is medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 75-80, 94.

Decision rationale: Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will

became effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. This can include a reduction in work restrictions or significant gain in some aspect of the patient's activities. Furthermore, there was evidence of aberrant drug-related behavior, with non-compliance on urine drug screens (UDS). Based on this, medical necessity of this request cannot be established at this time. Although tramadol is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Topical compound: Ketoprofen 300gm with 3 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): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 112 state the following: Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000) Within the submitted documentation, there is no indications as to why the topical ketoprofen is recommend despite MTUS recommendations against this formulation. Given this, this request is not medically necessary.