MAXIMUS Federal Services

Case Number:	CM15-0175453		
Date Assigned:	09/17/2015	Date of Injury:	03/26/2015
Decision Date:	11/12/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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

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 43 year old female, who sustained an industrial injury on 3/26/2015, while employed as a caregiver. The injured worker was being treated for cumulative trauma injuries form repetitive motion and diagnoses included lumbar spine sprain-strain, rule out herniated nucleus pulposus, bilateral lower extremity radiculopathy, bilateral knee sprain-strain, rule out internal derangement, and bilateral wrist sprain-strain, rule out carpal tunnel syndrome. Treatment to date has included diagnostics, physical therapy, and medications. Currently (7-24-2015), the injured worker complains of continuous bilateral wrist-hand pain (right rated 8 out of ten on average, 7 at best, 10 at worst, and left rated 6 on average, 5 at best, and 9 at worst) with radiation to her fingers, along with numbness and tingling in her hands and fingers. She reported cramping and weakness in her hands-wrists and admitted dropping objects from her right hand and was right hand dominant. She reported continuous low back pain with radiation to the bilateral lower extremities, rated 8-9 on average, 8 at best, and 10 at worst. She reported continuous pain in her bilateral legs with radiation to her ankles, rated 7 out of 10 on average, 5 at best, and 9 at worst. She also had bilateral knee pain, right greater than left, associated with clicking, popping, and locking. She reported her knees giving out, causing her to lose her balance. Knee pain was rated 8 on average, 7 at best, and 10 at worst. She reported difficulty with activities of daily living, including self-care and personal hygiene, cooking, housework, shopping, and sleeping. She reported excessive daytime fatigue and irritability, constipation, dizziness, depression, bruising, and headaches. She was currently taking Vicodin and Motrin as needed for pain relief. Apparently, medications do not alleviate the wrist/hand pain per reviewed

documentation. Exam of the bilateral wrists noted mild tenderness to palpation, decreased range of motion bilaterally, and positive Phalen's, Reverse Phalen's, and Tinel's bilaterally. Exam of the lumbar spine noted moderate tenderness to palpation of the lumbar paravertebral musculature and decreased range of motion. Valsalva maneuver, straight leg raise, and Braggard's were positive bilaterally. Exam of the bilateral knees noted mild edema, mild to moderate tenderness to palpation, decreased flexion, positive McMurray's and Steinman's tests, and medial joint line tenderness. Median sensory nerve deficit was noted below mid forearm, bilaterally, and there was also sensory deficit in the bilateral S1 dermatome. Motor strength was 5 of 5, except 4 of 5 in the bilateral S1 and bilateral abductor pollicis brevis. She was prescribed Voltaren XR, Ultracet, and topical compound medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Diclofenac tab 100mg er #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. Within the submitted records, there is no specific mention of how medications have alleviated pain using validated pain measures. There is no mention of how function or participation in activities of daily living have improved with use of medications. Furthermore, there is no specific diagnosis of osteoarthritis. Medical necessity has not been established at this time. The request is not medically necessary.

Tramadol/APAP tab 37.5-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The request is for combination Tramadol and

Acetaminophen. Documentation reviewed failed to adequately mention how pain scores have changed secondary to use of medications for pain using validated measures. Documentation failed to demonstrate specific increase in function, or ability to participate in activities of daily living. At this time, medical necessity cannot be established. The request is not medically necessary.

Compound Flurbiprofen/Ethoxy Li/Pentravan #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. The requested topical medication contains Flurbiprofen, and guidelines do not support the use of topical NSAIDs for spinal pain conditions. This request is not medically necessary, given the above criteria that the submitted documentation failed to meet.

Compound Ketamine/Ketoprofen/Ethoxy Li/Pentravan #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. Ketoprofen is not FDA approved for topical use, due to high incidence of photocontact dermatitis. Ketamine is currently under study, as a topical agent, not approved for neuropathic pain use. This request is not medically necessary.