

Case Number:	CM15-0179005		
Date Assigned:	09/21/2015	Date of Injury:	07/24/2012
Decision Date:	10/23/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/11/2015

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 July 24, 2012. She reported a repetitive motion injury to her thumbs, wrist, fingers and bilateral forearms. The injured worker was currently diagnosed as status post right carpal tunnel release, status post right trigger thumb release, status post left trigger thumb release and left carpal tunnel syndrome. Treatment to date has included diagnostic studies, forearm splints, right thumb steroid injections, surgery, home exercises, physical therapy and medications. On July 30, 2015, the injured worker complained of right wrist and hand pain rated as a 7 on a 1-10 pain scale and left wrist and hand pain rated a 7 on the pain scale. Notes stated that she had initial improvement post right carpal tunnel release, however her condition was reported to be worsening. Notes stated that she had a successful trial of topical drugs that facilitated up to a 5 point reduction in pain with improvement in tolerance to activities. Objective findings were noted to be unchanged from a prior exam. A urine drug screen was performed on the day of the exam. The treatment plan included home exercise, topical compound, Tramadol 50mg #60, Naproxen 550mg and a follow-up visit. A request was made for Naproxen 550mg beyond 60, topical compound cream and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

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 several months along with Tramadol. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks Pain reduction attributed to Naproxen is unknown. Continued use of Naproxen is not medically necessary.

Topical compound cream: 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: 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 anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti-epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant had a "5 point reduction" in pain score with its use however, the claimant still required the same amount of oral analgesics. The continued use of topical Gabapentin "cream" does not make logical sense in its combination with oral medications. Long-term use is not recommended. The topical cream is not medically necessary.

Tramadol: 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 for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had hand/wrist pain and was using Tramadol for several years. There was no mention of Tylenol or weaning failure. The claimant required additional analgesics over time indicating tolerance. Long-term use is not recommended. Continued use of Tramadol is not medically necessary.