MAXIMUS Federal Services

Case Number:	CM15-0179450		
Date Assigned:	09/21/2015	Date of Injury:	02/01/2010
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
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: California
Certification(s)/Specialty: Emergency Medicine

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 56 year old female who sustained an industrial injury on 2-1-10. The injured worker reported pain in the left shoulder and bilateral wrists. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral carpal tunnel syndrome, mild degenerative joint disease of the cervical spine, left shoulder impingement. Medical records dated 9-3-15 indicate pain rated at 7 out of 10 with medication and 10 out of 10 without medication use. Treatment has included Nabumetone since at least February of 2015, Lido Gaba Keto topical since at least March of 2015, Cymbalta, Trazodone since at least February of 2015, Neurontin since at least February of 2015, Ibuprofen since at least February of 2015, Naproxen since at least February of 2015, Tylenol with Codeine since at least February of 2015, Xanax since at least February of 2015, status post right carpal tunnel surgery (11-11-10), status post left rotator cuff surgery, status post left carpal tunnel surgery (February 2013), electromyography and nerve conduction velocity study (10-4-13), magnetic resonance imaging, acupuncture treatment, transcutaneous electrical nerve stimulation unit, exercise, and injection therapy. Subjective findings dated 9-3-15 were notable for "left shoulder pain and bilateral wrist pain." The treating physician indicates that the urine drug testing result (10-20-14) was noted as "Marijuana (Positive)". The original utilization review (8-14-15) denied a request for Trazodone 50 milligrams quantity of 30 and Lido Gaba Keto 70 gram Jar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Trazodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress: Trazodone (Desyrel).

Decision rationale: Trazodone is a type of anti-depressant medication that is sometimes used for sleep. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. However as per MTUS guidelines, Trazodone is a 2nd line medication. There is no documentation of prior attempts at other 1st line anti-depressants. There is no noted improvement in sleep or mood with this medication. There is no documentation of conservative attempt at sleep treatment. There is no documentation of depression. The request for Trazodone is not medically necessary.

Lidogabaketo 70gm Jar: 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: The requested product is a patch composed of multiple medications. MTUS guidelines consider these compounded products experimental. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." 1) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of failure with a 1st line agent and there is no documentation on where this is being used. It is therefore not recommended. 2) Gabapentin: Gabapentin is not FDA approved for topical application. There is no data to support topical use of gabapentin. Not medically recommended. 3) Ketoprofen: Not FDA approved for topical applications. The use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. Not recommended. Not a single component of this product is recommended. The request is not medically necessary.