

Case Number:	CM15-0028144		
Date Assigned:	02/20/2015	Date of Injury:	12/17/2013
Decision Date:	06/10/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey
 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 29 year old female, who sustained an industrial injury on December 17, 2013 while working in a warehouse. The injury occurred when the injured worker was lifting a box with her left hand and the box slipped and fell onto her right hand. The injured worker has been treated for bilateral wrist and hand complaints. The diagnoses have included de Quervain's tendinitis, right upper extremity radiculopathy and tendinitis/bursitis of the hands and wrists. Treatment to date has included medications, radiological studies, acupuncture treatment, physical therapy, cortisone injections and a thumb brace. Current documentation dated January 5, 2015 notes that the injured worker reported constant moderate to severe right wrist and hand pain with associated numbness and tingling. She also noted constant moderate left wrist and hand pain which radiated up to the elbow. Examination of the bilateral wrists and hands revealed spasms and tenderness over the left anterior wrist. The bracelet test was positive bilaterally. The Finkelstein's test was positive on the right. The treating physician's plan of care included a request for the oral medication Tramadol 50 mg # 60 with one refill and the topical compounds: Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% 180gm with 2 refills and Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% 180 gm with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%, cyclobenzaprine 2%, baclofen 2%, lidocaine 5% 180gm with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to 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 and hypertension. Topical muscle relaxants such as cyclobenzaprine and baclofen are not approved or recommended for use in chronic pain due to their lack of supportive evidence. Topical lidocaine is reserved for neuropathic pain which has failed first-line treatments. In the case of this worker, who was recommended a topical analgesic combination product (Flurbiprofen 15%, cyclobenzaprine 2%, baclofen 2%, lidocaine 5% 180gm), the combination product contains non-recommended ingredients, and therefore, the request is not medically necessary.

Tramadol 50mg quantity 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list Page(s): 76-78, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release

opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, it was unclear if opioids were being used regularly prior to the recent request for tramadol 50 mg. There was insufficient documentation to show the required review had been completed, including a baseline pain level and functional assessment, psychosocial assessment, and other discussions of side effect potential and likely outcome of taking tramadol. Therefore, without this required prerequisite documentation, the request for tramadol is not medically necessary.

Topical compound lidocaine 6%, gabapentin 10%, ketoprofen 10% 180gm with 2 refills:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to 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 and hypertension. Topical gabapentin is not approved or recommended for use in chronic pain due to its lack of supportive evidence. Topical lidocaine is reserved for neuropathic pain which has failed first-line treatments. In the case of this worker, who was recommended a topical analgesic combination product (lidocaine 6%, gabapentin 10%, ketoprofen 10% 180gm), the combination product contains non-recommended ingredients, and therefore, the request is not medically necessary.