

Case Number:	CM15-0042263		
Date Assigned:	03/12/2015	Date of Injury:	09/18/2006
Decision Date:	04/22/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/05/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male sustained a crush injury to the left hand on 9/16/06. Previous treatment included wound care, medications, splinting, multiple surgical repairs, occupational therapy, physical therapy, chiropractic therapy, acupuncture, work restrictions, injections and medications. The injured worker subsequently developed ongoing neck pain. In a PR-2 dated 1/13/15, the injured worker complained of constant pain to the left wrist and hand described as pins and needles and associated with paresthesias and weakness to the left hand. The injured worker rated his pain 7/10 on the visual analog scale. Physical exam was remarkable for left wrist with decreased extension, decreased sensation throughout the left hand with palpable discomfort to the joints of the left index and long finger and decreased sensation throughout the left upper extremity. Current diagnoses included left wrist pain, left wrist crush, chronic neck pain and cervical radiculopathy. The treatment plan included a prescription for Ultracet, a trial of Capsaicin cream, increasing Pamelor and continuing medications (Lidopro topical ointment, Tramadol and Nortriptyline).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment #1: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with left wrist and left hand pain, rated 7/10. The request is for LIDOPRO TOPICAL OINTMENT # 1. Physical examination to the left wrist/hand on 01/13/15 revealed decreased sensation throughout the left hand. Per 11/13/14 progress report, patient's diagnosis include pain, left wrist, crush, left wrist, chronic neck pain, and cervical radiculopathy. Patient's medications, per 01/14/15 progress report include Lidopro Topical Ointment, Tramadol APAP, and Nortriptyline, Patient is permanent and stationary. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least 1 (or a drug class) that is not recommended is not recommended." Treater does not discuss this request. Patient has been prescribed Lidopro Ointment from 05/20/14 and 01/13/15. MTUS only supports Lidocaine in a patch formulation and not as a lotion, gel or other forms. Therefore the request IS NOT medically necessary.

Ultracet (Tramadol APAP) 37.5/325 mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with left wrist and left hand pain, rated 7/10. The request is for ULTRACET (TRAMADOL APAP) 37.5/325 MG # 90 WITH 1 REFILL. Physical examination to the left wrist/hand on 01/13/15 revealed decreased sensation throughout the left hand. Per 11/13/14 progress report, patient's diagnosis include pain, left wrist, crush, left wrist, chronic neck pain, and cervical radiculopathy. Patient's medications, per 01/14/15 progress report include Lidopro Topical Ointment, Tramadol APAP, and Nortriptyline, Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Ultracet was prescribed in progress report dated 05/20/14 and 01/13/15. In progress report dated 01/13/15, treater states that pain is temporarily relieved with medications and rest. In this

case, treater has not discussed how Ultracet decreases pain and significantly improves patient's activities of daily living. Per 11/13/14, CUTES 06/16/14 are consistent with current providers and no abberant behavior. UDS test results dated 02/14/15 are inconclusive for opiates. There are no discussions with specific adverse effects, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.