

Case Number:	CM15-0092063		
Date Assigned:	05/18/2015	Date of Injury:	05/26/2009
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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: California
 Certification(s)/Specialty: Internal 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:

This is a 45 year old female with a May 26, 2009 date of injury. A progress note dated March 25, 2015 documents subjective findings (continues to experience pain in the wrist rated at a level of 7/10; numbness bilaterally that radiates superior into the elbows; pain rated at a level of 4/10 with meds), objective findings (exquisite tenderness noted at the right lateral epicondyle; full and painless range of motion of the right elbow; positive Finkelstein test; excoriation of the skin with restricted range of motion of the right wrist; well-healed surgical scar of the left wrist slightly tender to touch with slight swelling; tenderness noted at the left wrist; range of motion close to normal of the left knee but is uncomfortable; slight tenderness at the medial joint line and lateral patellar soft tissue with slight crepitus of the left knee), and current diagnoses (left knee sprain; right lateral epicondylitis; right medial epicondylitis; bilateral wrist sprain; right forearm extensor tendinitis; severe bilateral carpal tunnel syndrome). Treatments to date have included bilateral carpal tunnel release, medications, bracing, physical therapy, imaging studies, acupuncture, transcutaneous electrical nerve stimulator, and home exercise. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included GLFCMK cream and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

GLFCMK cream (Gabapentin 10%, Lidocaine 10%, Flurbiprofen 2%, Cyclobenzaprine 2%, Menthol 1%, Ketamine 1%, ultra derm) for local application #60 gms: 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 Analgesics, page 111-113 Ketamine, page 56.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS Chronic Pain Medical Treatment Guidelines (Page 56) state that Ketamine is not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are no quality studies that support the use of Ketamine for chronic pain. Ketamine was associated with frequent side effects. MTUS guidelines do not support the use of Ketamine. The patient was diagnosed with left knee sprain, right lateral epicondylitis, right medial epicondylitis, right wrist sprain, left wrist sprain, right forearm extensors tendinitis, bilateral severe carpal tunnel, and status post bilateral wrist carpal tunnel release. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of a topical product containing the muscle relaxant Cyclobenzaprine, Gabapentin, and Ketamine. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the use of a topical product containing the muscle relaxant Cyclobenzaprine, Gabapentin, and Ketamine. Therefore, the request for GLFCMK Cream (Gabapentin 10%, Lidocaine 10%, Flurbiprofen 2%, Cyclobenzaprine 2%, Menthol 1%, Ketamine 1%, ultraderm) is not medically necessary.

Tramadol 50mg, one po bid #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), pages 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. The medical records document the diagnoses of right medial and lateral epicondylitis, ulnar neuropathy, bilateral carpal tunnel syndromes post release with residual paresthesia and bilateral weakness, and left patellar chondromalacia and patellar subluxation. Electrodiagnostic report dated 02/10/14 demonstrated electrodiagnostic evidence of bilateral severe median mononeuropathy across the wrist. MRI

magnetic resonance imaging of the right elbow dated 05/19/14 demonstrated moderate grade injury of the common extensor tendon origin, edematous changes of the ulnar nerve being draped and thinned over the dorsal aspect of the medial epicondyle, and findings representing a cubital tunnel syndrome equivalent. MRI magnetic resonance imaging of the right wrist dated 05/19/14 demonstrated findings consistent with carpal tunnel syndrome, possible partial tear of the scapholunate ligament as well as possible central perforation of the triangular fibrocartilage complex, and osteoarthritic changes at the base of the thumb. The primary treating physician's progress report dated March 25, 2015 documented that the patient continues to experience pain in the wrist rated at level of 7 on 0-10 scale. She has numbness bilaterally that radiates superior into the elbows. Current medication reduces symptoms to level of 4 allowing her to be functional to accomplish activities of daily living. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Tramadol (Ultram) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Tramadol (Ultram). Therefore, the request for Tramadol is medically necessary.