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| Case Number: | CM13-0023681 | | |
| Date Assigned: | 11/15/2013 | Date of Injury: | 12/30/2009 |
| Decision Date: | 01/03/2014 | UR Denial Date: | 08/12/2013 |
| Priority: | Standard | Application Received: | 09/12/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

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 patient is a 55-year-old male who sustained an occupational injury on 12/30/2009. The patient's injury resulted in lumbar radiculopathy with low back pain radiating to the left lower extremity to the level of the foot. The patient also has neck pain that radiates to the left upper extremity with pain levels averaging 4/10 in severity with medications and 8/10 in severity without medications. In addition, the patient has difficulty using his right hand secondary to traumatic amputation of multiple digits. The patient's treatment history includes right index finger PIP joint level amputation, right middle finger PIP joint level amputation, right ring finger distal tuft fracture with nail bed injury and right thumb amputation through distal phalanx on 12/30/2009; revision of the right thumb, index, and middle finger with neuroma resection each 3 digits in 2011; lumbar epidural steroid injection L5-S1 x1 in 05/2011; physical therapy, TENS, chiropractic care, shoulder injection, psych treatments, pain management, oral medications, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids Page(s): 75.

Decision rationale: The California MTUS Guidelines states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. The MTUS also states a recommendation for the 4 A's for Ongoing Monitoring. These four domains for monitoring have been summarized as the "4 A's" and include monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. While the documentation provided does indicate that the employee has complaints of ongoing pain with some report of improvement in the patient's VAS pain scale, this is subjective only. There is a lack of objective documentation showing any functional benefit that might be derived from the use of hydrocodone. California MTUS clearly indicates that the criteria for continuing opioid medications is if the patient has returned to work and/or if the patient has improved functioning and pain. Given the lack of documentation to indicate any improvements in the employee's functional abilities as a direct result of the hydrocodone, this medication cannot be supported for continued use. The request for Hydrocodone/APAP 10/325 mg #90 is not medically necessary and appropriate.

Tramadol ER 150mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section Page(s): 82.

Decision rationale: The California MTUS Guidelines state opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). Tramadol is a synthetic opioid affecting the central nervous system and may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol should not be prescribed to patients that at risk for suicide or addiction. The MTUS also states a recommendation for the 4 A's for Ongoing Monitoring. These four domains for monitoring have been summarized as the "4 A's" and include monitoring for include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Documentation provided does indicate that the employee has ongoing issues with low back and hand pain. However, while there is some evidence of improvement in VAS pain scales with medication, this information is subjective only. There is a lack of objective documentation to indicate the employee has derived any functional benefit from the use of tramadol. The request for Tramadol ER 150 mg #30 is not medically necessary and appropriate.

Exoten-C lotion 120ml: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. While the documentation provided does indicate that the employee has some ongoing issues regarding pain in the lower back, neck, and hand, the use of topical analgesics is considered second line therapy and there is a lack of documentation providing evidence that the employee has been intolerant to or has failed other treatments such as oral NSAIDs. Given that the use of topical analgesics are considered largely experimental with a lack of evidence that the employee has failed first line therapies, this request cannot be supported and is therefore non-certified. The request for Exoten-C lotion 120 ml topical is not medically necessary and appropriate.

Urine Drug Testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43 and 77.

Decision rationale: The California MTUS Guidelines indicates that using a urine drug screen to assess for the presence of illegal drugs prior to the initiation of opioid therapy is recommended. Furthermore, this test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust, or discontinue treatment. Given that there is evidence that the initiation of opioid therapy took place several months ago, that there is no evidence that a written consent or pain agreement for chronic use of opioids was obtained and that the use of opioids is not indicated in this employee, there is no indication for the use of a urine drug screen at this time.