

Case Number:	CM13-0043575		
Date Assigned:	12/27/2013	Date of Injury:	08/14/2013
Decision Date:	05/22/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/24/2013

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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 represented [REDACTED] machine operator who has filed a claim for partial left fifth digit amputation reportedly sustained in an industrial injury of August 14, 2013. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; an initial debridement of the amputation; topical compounds, and extensive periods of time off of work. In a utilization review report of October 1, 2013, the claims administrator denied a request for Condrolite, Neurontin, Naprosyn, Prilosec, Ultracet, and several topical compounds. Despite the fact that this was not a chronic pain case, as the claims administrator cited the MTUS Chronic Pain Medical Treatment Guidelines almost exclusively, although this was not a chronic pain case as of the date of the request. In an October 11, 2013 progress note, the patient was described as reporting persistent pain status post left fifth digit amputation. Home exercise programs and therapy were endorsed while the patient was kept off of work, on total temporary disability. An October 2, 2013 progress note was also notable for comments that the patient was having pain about the digit status post laceration. The patient was kept off of work on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONDROLITE 500/200/150MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: Condrolite (glucosamine), according to the Chronic Pain Medical Treatment Guidelines, is indicated in the treatment of pain associated with arthritis and, in particular, knee arthritis. In this case, however, the patient has pain associated with an amputated digit. There is no indication of arthritis or knee arthritis for which Condrolite (glucosamine) would be indicated. The request for Condrolite 500/200/150 mg is not medically necessary or appropriate.

GABAPENTIN 300MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, gabapentin or Neurontin is an appropriate option in the treatment of neuropathic pain as it has been demonstrated to result in decreased opioid consumption. In this case, the attending provider noted the patient did not have any medications for pain as of the date this particular item was requested. The patient was reporting 6/10 pain on the day in question. The introduction of gabapentin was appropriate during the postoperative phase approximately one to two months removed from the date of surgery. The request for Gabapentin 300mg is medically necessary and appropriate.

NAPROXEN SODIUM 550MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 73.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: The request in question represented a first-time request for Naprosyn approximately one month removed from the date of patient's finger amputation. The patient was reporting 6/10 pain on or around the date in question. As noted in the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) such as Naprosyn are "recommended" as a method of symptoms control for forearm, wrist, and hand complaints. In this case, the patient had acute postoperative pain issues. Introduction of Naprosyn was appropriate. The request for Naproxen Sodium 550mg is medically necessary and appropriate.

OMEPRAZOLE 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, however, there is no mention of any issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. No rationale for usage of omeprazole was provided by the primary treating provider. The request for Omeprazole 20 mg is not medically necessary or appropriate.

TRAMADOL HCL/APAP 37.5/325MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94 and 113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: As noted in the M Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines, opioids such as tramadol-acetaminophen are deemed "optional" in the management of acute forearm, hand, and wrist complaints. In this case, the request in question represented a first-time request for Ultracet following recent digital amputation surgery. The patient was reporting 6/10 pain. Usage of Ultracet to combat the same during the acute postoperative phase was indicated and appropriate. The request for Tramadol HCL/APAP 37.5/325 mg is medically necessary and appropriate.

GABAKETOLIDO TOPICAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

Decision rationale: As noted in the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, several first line oral pharmaceuticals have been approved, above, effectively obviating the need for topical medications such as the agent proposed here, which are, according to the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, not recommended. In this case, the attending provider has not provided any patient specific rationale so as to offset the unfavorable ACOEM Practice Guidelines recommendation. The request for Gabaketolido topical is not medically necessary or appropriate.

ULTRAM CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

Decision rationale: As noted in the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, oral pharmaceuticals are the first line palliative method. In this case, several first line oral pharmaceuticals have been approved, above, effectively obviating the need for topical medications such as the Ultram cream proposed here, which are, according to the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, not recommended. In this case, as with the other topical agents, the attending provider has not furnished any patient specific rationale or commentary, which would offset the unfavorable ACOEM Practice Guidelines recommendation. The request for Ultram Cream is not medically necessary or appropriate.

KETOPROFEN 20% MILD TRANSDERMAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

Decision rationale: As noted in the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, oral pharmaceuticals are the first line palliative method. In this case, the patient has received approval for several first line oral pharmaceuticals, above, effectively obviating the need for topical medications such as the ketoprofen cream proposed here, which is, according to the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, not recommended. The request for Ketoprofen 20% mild transdermal is not medically necessary or appropriate.