

Case Number:	CM14-0004917		
Date Assigned:	02/05/2014	Date of Injury:	04/30/2013
Decision Date:	06/30/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 39 year old male with an injury date of 04/30/13. Based on the 10/14/13 progress report provided by [REDACTED], the patient complains of middle finger pain with numbness and paresthesias due to distal finger amputation. There is tenderness upon palpation, hyperalgesia, hyperesthesia, and trophic nail bed changes of the left middle finger. The patient's diagnoses include the following: Amputated left distal middle finger Distal stump neuropathic pain of left middle finger Complex regional pain syndrome of the left middle finger Left middle finger chronic pain [REDACTED] is requesting for the following: 12 panel urine drug screen Modified approval of Hydrocodone 10/325 three times a day #90 Modified approval for Gabapentin (Neurotin) 300 mg three times a day #90 Zolpidem 10 mg at bed time #30 Norco 10/325 by mouth every six hours as needed for pain #120 with 0 refills Capsaicin crème The utilization review determination being challenged is dated 12/26/13. [REDACTED] is the requesting provider, and he provided treatment reports from 04/30/13- 01/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PANEL URINE DRUG SCREEN: Overturned

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. Decision based on Non-MTUS Citation OTHER DISABILITY GUIDELINES (ODG) ODG GUIDELINES HAVE THE FOLLOWING REGARDING URINE DRUG SCREEN

Decision rationale: According to the 10/14/13 report by [REDACTED], the patient presents with middle finger pain with numbness and paresthesias due to distal finger amputation. The request is for a 12 panel urine drug screen to obtain a baseline prior to providing the patient the new hydrocodone, gabapentin, and zolpidem prescriptions. While MTUS Guidelines does not specifically address how frequent UDS should be obtained from various risks opiate users, ODG Guidelines provides a clearer guideline for low risk opiate users. It recommends once yearly urine drug screen following initial screening within the first six months for management of chronic opiate use. The 10/14/13 report states that this is the patient's second urine drug screen in 2013. "The patient is at moderate risk as he is taking opioid analgesic medications on a chronic basis." Recommendation is for authorization.

MODIFIED APPROVAL OF HYDROCODONE 10/325 THREE TIMES A DAY #90:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE Page(s): 88-89.

Decision rationale: According to the 10/14/13 report by [REDACTED], the patient presents with middle finger pain with numbness and paresthesias due to distal finger amputation. The request is for a modified approval of Hydrocodone 10/325 three times a day #90. Review of the reports shows that the patient has been taking Hydrocodone since 08/21/13. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. The 10/14/13 report states that the patient's pain with Hydrocodone is a 4-5/10 and an 8-9/10 without it. "Hydrocodone allows the patient to complete activities of daily living such as food preparation, personal hygiene and anything involving finger use or digital manipulation." Hydrocodone has proved to be beneficial to the patient. Recommendation is for authorization.

MODIFIED APPROVAL FOR GABAPENTIN (NEUROTIN) 300MG THREE TIMES A DAY #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
GABAPENTIN Page(s): 18, 19.

Decision rationale: According to the 10/14/13 report by [REDACTED], the patient presents with middle finger pain with numbness and paresthesias due to distal finger amputation. The request is for modified approval for Gabapentin (Neurotin) 300 mg three times a day #90. The patient began taking Gabapentin on 08/21/13. The treater does not provide any documentation as to how Gabapentin is specifically tolerated and beneficial for the patient's symptoms. For Gabapentin MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function... Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." The 10/14/13 report states that Gabapentin gave the patient 30% relief of neuropathic pain. Recommendation is for authorization.

ZOLPIDEM 10 MG AT BEDTIME #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG GUIDELINE HAVE THE FOLLOWING REGARDING AMBIEN FOR INSOMNIA

Decision rationale: According to the 10/14/13 report by [REDACTED], the patient presents with middle finger pain with numbness and paresthesias due to distal finger amputation. The request is for Zolpidem 10 mg at bed time #30. The patient began taking Zolpidem on 08/21/13. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. ODG Guidelines does not recommend long-term use of this medication, nor does the patient show any signs of insomnia. Recommendation is for denial. The request is not medically necessary and appropriate.

NORCO 10/325MG BY MOUTH EVERY SIX HOURS AS NEEDED FOR PAIN #120 WITH 0 REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE Page(s): 88-89.

Decision rationale: According to the 10/14/13 report by [REDACTED], the patient presents with middle finger pain with numbness and paresthesias due to distal finger amputation. The request is for Norco 10/325 by mouth every six hours as needed for pain #120 with 0 refills. The patient has been taking Norco since 08/21/13. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least

once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. The 10/14/13 report states that the patient has had a 70% improvement of the patient's pain with activities of daily living such as self-care and dressing. "The patient is on an up-to-date pain contract and the patient's previous UDS was consistent." Hydrocodone has proved to be beneficial to the patient. Recommendation is for authorization.

CAPSAICIN CREME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

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

Decision rationale: According to the 10/14/13 report by [REDACTED], the patient presents with middle finger pain with numbness and paresthesias due to distal finger amputation. The request is for Capsaicin creme. MTUS page 111 states that these topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is no indication that the patient has had a trial of antidepressants or anticonvulsants. Recommendation is for denial. The request is not medically necessary and appropriate.