

Case Number:	CM14-0104801		
Date Assigned:	07/30/2014	Date of Injury:	06/04/2009
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/08/2014

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 and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 54-year-old male who reported an injury on 06/04/2009 due to a right finger crush injury on the job. The injured worker has diagnoses of reflex sympathetic dystrophy of the upper limb, causalgia of upper limb, other chronic pain, and spasticity. The injured worker's past medical treatment includes psychotherapy, physical therapy, daily stretching, chiropractic therapy, the use of a TENS unit, and medication therapy. Medications include baclofen 20 mg (2 tablets before bed), Ultram ER 200 mg (1 tablet), tramadol HCl 50 mg (1 tablet), and ibuprofen 200 mg (1 tablet every 6 hours). An ultrasound of the right femoral artery was done on 01/29/2013. The injured worker is status post amputation of the right ring finger. The injured worker complained of right arm and right hand pain. The injured worker stated that the weather made it worse. He also rated his pain at a 5-6/10 with medication and a 10/10 without. Physical findings dated 07/17/2014 revealed that the injured worker's right hand was in a wool glove, amputated finger was held close to the body, and the injured worker shook with left hand. The treatment plan was for the injured worker to continue medications which include baclofen, ibuprofen, tramadol, and Ultram ER. The rationale submitted revealed that the medications helped the injured worker to be high functioning and help manage his pain. The Request for Authorization from was submitted on 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ultram ER 200mg WR 24H-tab, qty unknown, DOS 06/05/14:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Tramadol (Ultram) Page(s): 78,93-94.

Decision rationale: The request for Retrospective request for Ultram ER 200mg WR 24H-tab, qty unknown, DOS 06/05/14 is not medically necessary. The injured worker complained of right arm and right hand pain. The injured worker stated that the weather made it worse. He also rated his pain at a 5-6/10 with medication and a 10/10 without. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that for any opioids such as, Ultram, the 4 A's must be followed for Ongoing Monitoring. These four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Side effects to include dizziness, nausea, constipation, headache, somnolence, flushing, pruritus, vomiting, insomnia, dry mouth, and diarrhea. Also the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should be in effect. Ultram is indicated for moderate to severe pain. The recommended release formulation is a dose of 50 to 100mg PO every 4 to 6 hours. The recommended release formulation is a dose of 50 to 100 mg by mouth every 4 to 6 hours. Given the above guidelines, the injured worker was not within MTUS Guidelines. There were no functional deficits noted in the report on the injured worker's hand. The report also lacked any urinalysis or drug screens showing that the injured worker was complying with the MTUS Guidelines. The request as submitted also failed to list a frequency of the Ultram. The submitted report lacked any quantified evidence of the 4 A's to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. As such, the request for Retrospective request for Ultram ER 200mg WR 24H-tab, qty unknown, DOS 06/05/14 is not medically necessary.

Retrospective request for Tramadol HCL 50mg, qty 120, DOS 06/05/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Tramadol Page(s): 78,93-94.

Decision rationale: The request for Retrospective request for Tramadol HCL 50mg, qty 120, DOS 06/05/14 is not medically necessary. The injured worker complained of right arm and right hand pain. The injured worker stated that the weather made it worse. He also rated his pain at a 5-6/10 with medication and a 10/10 without. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that for any opioids such as, Ultram, the 4 A's must be followed for Ongoing Monitoring. These four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Side effects to include dizziness, nausea, constipation, headache, somnolence, flushing, pruritus, vomiting, insomnia, dry mouth, and diarrhea. Also the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should be in effect. Ultram is indicated for moderate to severe pain. The recommended release formulation is a dose of 50 to 100mg PO every 4 to 6 hours. Given the above, the injured worker was not within MTUS Guidelines. There was no documentation regarding side effects. There were also no functional deficits noted in the report on the injured worker's hand. The report also lacked any urinalysis or drug screen showing the injured worker was compliant with the MTUS Guidelines. The request as submitted also failed to list a frequency of the tramadol. As such, the request for Tramadol HCL 50mg, qty 120, DOS 06/05/14 is not medically necessary.

Retrospective request for Ibuprofen 200mg, qty unknown, DOS 06/05/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Anaprox Page(s): 72-73.

Decision rationale: The request for Retrospective request for Ibuprofen 200mg, qty unknown, DOS 06/05/14 is not medically necessary. The California MTUS guidelines indicate that Anaprox is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. As guidelines state, ibuprofen is recommended for relief of osteoarthritis, but it also states that it is recommended as its lowest effective dose and in shortest duration of time. The submitted reports dated back to 06/04/2009 show that the injured worker was taking ibuprofen 200 mg. Long term use of ibuprofen can put people at high risk for developing NSAID induced gastric ulcers. Given that the request exceeds the recommended use of an NSAID for short term use, the request exceeds the MTUS Guidelines. As such, the Retrospective request for Ibuprofen 200mg, qty unknown, DOS 06/05/14 is non-certified. Furthermore, the efficacy of the medication was not provided to support the use of the medication for such a long period of time.

Retrospective request for Baclofen 20mg, qty 60, DOS 06/05/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity drugs Page(s): 64.

Decision rationale: The request for Retrospective request for Baclofen 20mg, qty 60, DOS 06/05/14 is not medically necessary. According to the MTUS the mechanism of action of

Baclofen is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non- FDA approved). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request submitted did not specify the duration or frequency of the medication. There was no assessment regarding functional improvement as a result of the medication. In addition, there was no mention of a lack of side effects. It was noted in the report that the medication helped with functional deficits the injured worker had, but as per guidelines, baclofen is not recommended for long term use. The submitted report revealed that the injured worker had been taking baclofen since at least 06/04/2009. Given the above, the request is not supported by the CMTUS guideline recommendations. As such, the retrospective request for Baclofen 20mg, qty 60, DOS 06/05/14 is not medically necessary.