MAXIMUS Federal Services

Case Number:	CM14-0150667		
Date Assigned:	09/18/2014	Date of Injury:	10/20/2010
Decision Date:	11/21/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 43-year-old male who has submitted a claim for sprain of the wrist associated with an industrial injury date of October 20, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of intermittent right wrist pain with numbness. Pain radiates to the forearm and third and fourth digits. Physical examination revealed Jamar grip strength (kg) of 10/11/10 on the left and 10/12/12 on the right. Left wrist range of motion is within normal limits. Compression test is positive over Guyon's canal bilaterally with numbness of the ring and small finger. Finkelstein's test is mildly positive on the right. There is pain over the sixth dorsal wrist extensor bilaterally. The right wrist is hot compared to the left hand. The right wrist is swollen and shiny. MRI of the right wrist (4/6/2014) demonstrates an unremarkable positional study. MRI of the left wrist (4/6/2014) demonstrates a small focal signal abnormality in the lunate representing bone sclerosis. Treatment to date has included Neurontin (since at least June 204) and tramadol (since at least 2012). A urine drug screen done on 6/12/2014 showed presence of gabapentin but not tramadol. Utilization review from September 3, 2014 denied the request for NCV of bilateral upper extremities, EMG bilateral upper extremities, unknown pain management for RSD, Tramadol 50 mg, Neurontin 600 mg and urine toxicology screen. The request for tramadol was not certified because there was no evidence of functional improvement or decreased pain despite its use since at least 2012. The request for urine drug screen was not certified because the request for tramadol was not certified. The request for Neurontin was denied because documentation did not reflect at least a 30% reduction in pain with use. The reason for the denial of the NCV and the unknown pain management was not found; some pages of the UR are missing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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 nonadherent) drug-related 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. In this case, the patient had been taking Norco for pain since at least 2012. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. A urine screen done on 6/12/2014 also did not detect tramadol despite the patient's intake suggesting poor patient compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Finally, the number of pills being requested is not included in the request. Therefore, the request for Tramadol 50 mg is not medically necessary.

Neurontin 600 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: As stated on pages 16-18 in the CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. In this case, the patient presented with intermittent right wrist pain with numbness. Pain radiates to the forearm and third and fourth digits. Physical examination revealed decreased grip strength, positive compression test over Guyon's canal bilaterally with numbness of the ring and small finger and mildly positive Finkelstein's test on the right. The patient was prescribed Neurontin since at least June 2014. Continuation of this medication is reasonable at this time to manage the patient's neuropathic pain symptoms. However, the number of pills being requested was not stated in this request. Therefore, the request for Neurontin 600 mg is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Random Urine Toxicology Screens.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, tools for risk stratification and monitoring, Urine Drug Testing

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to detect opioid misuse/addiction. According to the ODG guidelines, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. In this case, a urine drug screen was requested because the patient was on tramadol and previous urine testing did not detect the medication. However, the recent request for tramadol had already been non-certified. Therefore, the request for urine toxicology screen is not medically necessary.