

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0155882 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 08/27/2013 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 08/20/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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:

According to the provided documents, this is a 60-year-old woman with a date of injury 8/27/13. There is a PTP Initial Report of 11/7/13 that indicates this is a cumulative trauma injury through 8/27/13. Complaints documented in that report are pain left wrist and hand radiating into the forearm and thumb. It is worse with moving or bending the thumb. Numbness is predominantly in the tip of the thumb, index and long fingers of the left hand, no numbness on the right. There was also pain in the left mid back to the shoulder, right shoulder neck and mid back described as stabbing. This radiated into the lower back. In the exam, there is notation of some swelling about the left thumb. The remainder of the upper extremity examination only documented swelling in the IP joint of the left thumb with tenderness on palpation over the IP joints of the left thumb, index and long fingers. There was some weakness of grip. Patient was noted to be right hand dominant. In the left hand there was swelling over the radial snuffbox, cystic change in the abductor pollicis and extensor pollicis brevis tendons. Finkelstein's was negative. Diagnosis was overuse syndrome left upper extremity. Treatment recommendations were to place the patient TTD, start Ultram 50 mg 1 twice a day for pain and inflammation. The disputed treatments are gabapentin 100 mg TID #90 and Ultram 50 mg 1 twice a day #60, addressed in a determination letter of 8/20/14. Previous treatment and diagnostics included ultrasound of the left wrist and thumb, PT sessions, acupuncture, electrodiagnostic testing left upper extremity 2/19/14 reported normal. There is also left wrist MRI 2/19/14 showing a small radio carpal joint effusion. Note is made that multiple diagnoses were listed in the PR-2 of 5/29/14 that included, in addition to the left wrist as a body part, but diagnoses relating to the neck, shoulder, lower back and right upper extremity. That report noted diffuse pain combined wrist, arms, hands, upper extremities, neck, shoulders, low back. Patient was switched to topical Flurbiprofen that day. The requesting report of 8/4/14 documented subjective complaints of tingling over the right upper extremity with

numbness of the median nerve distribution. There was cramping in the right thumb, index and long fingers. Her family doctor had given the patient Gabapentin 100 mg TID. There is no mention of when that was started. On left wrist exam there is a mass over the dorsal surface of the wrist, Tinel's and Phalen's is positive bilaterally carpal, compression test was positive. There is decreased sensation to light touch and pain. Diagnoses were arthropathy multiple sites; cervical radiculopathy; calcifying tendinitis of the shoulder; carpal tunnel syndrome (both); lumbar spondylosis. Treatment plan included a right upper extremity EMG NCS, and x-rays. Patient was to increase the gabapentin slowly to 3 times a day and then to 4 times a day. Ultram was refilled as was topical Flurbiprofen cream. (This is a nonsteroidal anti-inflammatory medication). The patient was still temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg, take one three times a day #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 16-19.

Decision rationale: This medication is in a class of drugs known as antiepileptic drugs. MTUS guidelines support a trial of this class of drugs when there is neuropathic pain i.e. pain due to nerve damage. Since there is clinical concern for carpal tunnel syndrome and cervical radiculopathy, guidelines arguably support a trial of Gabapentin. The recommended trial period is 3 to 8 weeks to titrate to a tolerated maximum dose and then 1 to 2 weeks at that maximum dose. The report indicates that the patient was just starting that upward titration, thus therapeutic/tolerated dose level had not yet been reached and the patient's response to the medication was not known. Discontinuing due to lack of response is premature. Therefore, based upon the evidence and the guidelines, a trial of the Gabapentin is medically necessary based upon the available information.

Ultram 50mg, take one-twice daily #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: This is also known as Tramadol. This is an extended-release opioid formulation. For continued chronic use of opioids, MTUS guidelines recommend documenting what are described as the 4 domains or the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) these are not mentioned in the reports. There is also no mention of any urine drug screening as recommended by MTUS guidelines. MTUS

guidelines recommend discontinuing opioids if there is no overall improvement in function. In this setting, there is no documentation of any improvement in function and the patient has continued to receive treatment, multiple diagnostic tests, there are ongoing complaints of pain in various body parts and patient has remain temporarily totally disabled. Therefore, there is no documentation of any objective functional benefit from the chronic, over 6 month's use of the Ultram. Thus, based upon the evidence and the guidelines continued use of the Tramadol is not medically necessary.