

Case Number:	CM14-0158294		
Date Assigned:	09/30/2014	Date of Injury:	04/15/2012
Decision Date:	12/16/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/05/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice Maryland. 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 65 year old female who had a work injury dated 4/15/12. The diagnoses include status post right ankle surgery (ORIF right ankle); status post right hand injury because of the ankle injury; right hand callus formation; insomnia. Under consideration are requests for Tramadol 50mg #60; Ambien 5mg #30; Flexeril 7.5 mg #30; K-Rub-II cream #60; Urine Toxicology Screen. There is a 10/28/14 document that states that the patient states that she continues to have aggravation of pain. The patient states that her pain is worse during the day whenever she is doing her activities; however that it does vary depending on whatever activity she is doing. The patient states however that with the assistance of medication as well as the cold and hot compresses she does get a goodnight rest, however when she does not take the medication it is extremely difficult for her to sleep. The patient states that also going up into the right hand that she does feel the aggravation of pain, but mostly in the mornings. The patient's gait pattern is normal, full weight-bearing on the lower extremity. There is slight swelling on the lateral malleoli and slight tender to touch medial as well as lateral malleoli. There are previous surgical scars. There is tenderness on the medial malleoli. There is slight swelling on the lateral malleoli and slight tender to touch medial as well as lateral malleoli. Plantar flexion and dorsiflexion although close to normal, but patient was very uncomfortable. Also, pain was appreciated in inversion and eversion. Heel and toe ambulation could not be conducted because of the severe pain. The treatment plan includes Sonata; home exercise program; refill of Flexeril; and urine toxicology screen. Primary treating physician's progress report dated 07/22/14 indicates that the claimant continues to have pain in the right ankle rated at a 4-5/10. With the assistance of the medication, the claimant is able to sleep. Without the medication, it is very difficult for the claimant to sleep at all. The claimant still continues to have the aggravation of

pain in the right hand. However, the claimant recently used the own insurance and received an injection to the hand. The claimant felt about 30-35 percent improvement after the injection. On examination, there is slight swelling on the lateral malleoli and slight tenderness, with uncomfortable range of motion. The provider recommends urine toxicology screen, Tramadol 50 mg one tablet by mouth twice daily #60 for inflammation, Ambien 5 mg one tablet by mouth at bedtime #30 for insomnia, Flexeril 7.5 mg one tab by mouth at bedtime #30 for muscle relaxation, K-rub 11 cream for local application, and physical therapy twice weekly for four weeks to the right ankle. The narcotic contract and the risks and benefits of the medication are reviewed. The claimant will return to modified work duties as of 07/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management; Tramadol Page(s): 78-80; 93-94.

Decision rationale: Tramadol 50mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Tramadol is a synthetic opioid affecting the central nervous system. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on Tramadol since at least March 2014 without significant functional improvement therefore the request for Tramadol 50mg #60 is not medically necessary.

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC: Treatment for Insomnia

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Zolpidem (Ambien®)

Decision rationale: Ambien 5mg #30 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Zolpidem. The ODG states Zolpidem (Ambien) is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic

pain, they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation indicates the patient has been on Ambien longer than the recommended time period. The documentation does not reveal extenuating circumstances to go against guideline recommendations. The ODG does not recommend this medication long term. The request for Ambien is not medically necessary.

Flexeril 7.5 mg #30: 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 Cyclobenzaprine (Flexeril); Page(s): 41-42; 64.

Decision rationale: Flexeril 7.5 mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Flexeril. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril 7.5mg #30 is not medically necessary.

K-Rub-II cream #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: K-Rub-II cream #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. K rub II contains 10% ketoprofen, 1 % cyclobenzaprine, 5% lidocaine, 10% baclofen, 10% gabapentin and 64% ultra derm base. The guidelines do not recommend topical Gabapentin as there is no evidence in the literature to support the use of this medication. The guidelines state that topical muscle relaxants such as Cyclobenzaprine are not recommended as there is no peer-reviewed literature to support use. The guidelines do not support topical Lidocaine in gel, ointment or cream form for chronic pain. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This cream contains multiple medications not supported by the MTUS for topical use. There are no extenuating factors to go against guideline recommendations. Therefore, the request for K-Rub-II cream #60 is not medically necessary.

Urine Toxic Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation ODG-TWC: Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; urine drug screens; piods, drug screens, steps to avoid misuse/addiction; urine d.

Decision rationale: Urine Toxic Screen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that when initiating opioids a urine drug screen to assess for the use or the presence of illegal drugs. . The MTUS recommends random drug testing, not at office visits or regular intervals. In this case it is not clear how many prior urine toxicology sreens the patient has had. Multiple office visits have requested urine toxicology screens and it is not clear how many prior screens the patient has had and the outcome. The ODG states that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Without clarification of prior urine toxicology screens and outcomes the request for urine toxicology screen is not medically necessary.