

Case Number:	CM14-0039795		
Date Assigned:	06/27/2014	Date of Injury:	04/25/2009
Decision Date:	08/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 worker is a 55-year-old male who reported an injury on 04/25/2009 who reportedly sustained injuries to the left index finger distal segment was punctured by a tail of shrimp while he was working. The worker's finger was lacerated across the distal segment. The worker's treatment history included failed conservative treatments such as acupuncture, physical therapy, occupational therapy, a failed spinal cord stimulator trial, MRI, sympathetic blocks. He also has a history of infectious disease and treatment history to include hepatitis C. The worker was evaluated on 02/25/2014, and it was documented that the injured worker complained of continued pain to be symptomatic with left hand pain radiating from the left index finger into the palmar area and up to the left elbow. He described the pain as burning, pins and needle sensation, numbness, and swelling. Physical examination of the left upper extremity revealed he had mild swelling over the dorsum of the left hand. There was a bluish discoloration. There was significant tenderness to palpation over the left index finger and Metacarpophalangeal joint. The injured worker had touch allodynia. Medications included Hydrocodone/APAP 10/325 mg, Gabapentin 600 mg, Temazepam 30 mg, and Omeprazole 20 mg. It was noted the injured worker had previously tried higher doses of Gabapentin. He reported some side effects of daytime drowsiness and feeling mentally cloudy. He previously failed Cymbalta and Lyrica 75 mg. They were not effective. It was noted that the injured worker's pain level was rated at 6/10 with medication and 10/10 without medication. He noted an additional improvement in his overall pain control with the addition of the compounded transdermal medication. He continued to note improvement in function including improved ability to participate in his home exercise program taught to him during physical therapy. It includes left hand exercises. He had improvement in strength, range of motion, ability to use his left hand and activities of daily living. These activities include self-care, exercise, cooking, shopping for groceries and basic needs. With

medication, he notes approximately 40% improvement in his ability to participate in his activities. Without medication, he had significant difficulty in the use of the left hand and was unable to continue the current exercise program. The injured worker has shown no signs of drug seeking behavior. He had signed an opioid agreement. His urine screening showed compliance with prescribed medications; however, the urine drug screen was not submitted for this review. The injured worker's current regiment includes Gabapentin 600 mg 3 times per day for neuropathic pain, Norco 10/325 mg twice a day for breakthrough pain, Prilosec 20 mg for gastric symptoms secondary to medication including symptoms of gastritis and dyspepsia, as well as Temazepam 30 mg at bedtime for insomnia due to chronic pain. It was noted side effects from medication other than gastrointestinal symptoms which were treated with Prilosec 20 mg. It was noted the injured worker improvement in function including improved ability to participate in his home exercise program taught to him during physical therapy. Diagnoses included status post cellulitis, left hand, following puncture wound of the tip of the left index finger between the fingernail and nail bed and complex regional pain syndrome/reflex sympathetic dystrophy, left hand. The request for Authorization dated 02/13/2014 was for Hydrocodone/APAP, Omeprazole, Gabapentin, and Temazepam, and the rationale was for breakthrough pain, neuropathic pain, and insomnia secondary to chronic pain and symptoms of dyspepsia and gastritis secondary to medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The provider indicated the injured worker had a urine drug screen showing compliance however, that was not submitted for this review. The provider noted the injured worker having improved function while on medications however, the provider failed to indicate long-term functional goals. In addition, the request did not indicate a frequency of medication. Therefore, the request is not medically necessary.

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an anti-epilepsy drug AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentation submitted had lack of evidence of the injured worker having diabetic neuropathy pain. In addition, the request did not include frequency of the medication. Given the above, the request for Gabapentin 600 mg #90 is not medically necessary.

Temazepam 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The California (MTUS) Chronic Pain Medical Guidelines does not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency and duration of the medication. Given the above, the request for Temazepam 30 mg # 30 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS (PPIs) Page(s): 68-69.

Decision rationale: The request is not medically necessary. Prilosec is recommended for patients taking Non-steroidal Anti-inflammatory Drugs (NSAIDs) who are at risk of gastrointestinal events. The documentation submitted did indicate the injured worker having gastrointestinal events. The provider failed to indicate the frequency of medication on the request that was submitted. In addition, the provider failed to indicate long term functional goals or medication pain management outcome measurements for the injured worker. Given the above, the request for Omeprazole 20 mg # 60 is not medically necessary.