

Case Number:	CM14-0075554		
Date Assigned:	07/16/2014	Date of Injury:	03/01/2013
Decision Date:	09/16/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 records made available for review, this is a 28-year-old male with a 3/1/13 date of injury, and status post open reduction and internal fixation of the right proximal phalanx (undated). At the time (5/13/14) of request for authorization for Topical Cream-Gabapentin-Ketoprofen-Tramadol, Tramadol 150mg #30, Ambien 10mg #60, and Urine Toxicology Screen, there is documentation of subjective (severe right hand pain in the 5th finger from his impact, trouble sleeping because of this pain, pain radiates up to the neck, and right elbow pain that radiates into shoulder is severe) and objective (right 5th finger that is not controllable in extension or flexion, lacks 6-cm touching pulp to palm, extends with a figure of -30 degrees lacking full extension at the metacarpophalangeal joint, proximal interphalangeal joint and distal interphalangeal joint, sensation in finger very poor, and decreased grip strength on right) findings, current diagnoses (status post open reduction and internal fixation of the right proximal phalanx with mini plates and 7 screws of the right hand, extensor lag with weakness of the extensor mechanism, post fracture and open reduction and internal fixation of the right hand fifth finger, anxiety, and insomnia), and treatment to date (medications (including Tramadol and topical cream of Ketoprofen, Gabapentin, and Tramadol)). Regarding Tramadol 150mg #30, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date; and that Tramadol is used as a second line treatment. Regarding Ambien 10mg #60, there is no documentation of the intention to treat over a short course. Regarding Urine Toxicology Screen, there is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream-Gabapentin-Ketoprofen-Tramadol: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post open reduction and internal fixation of the right proximal phalanx with mini plates and 7 screws of the right hand, extensor lag with weakness of the extensor mechanism, post fracture and open reduction and internal fixation of the right hand fifth finger, anxiety, and insomnia. However, the requested Topical Cream-Gabapentin-Ketoprofen-Tramadol contains at least one drug (Gabapentin and Ketoprofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Topical Cream-Gabapentin-Ketoprofen-Tramadol is not medically necessary.

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80, 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post open reduction and internal

fixation of the right proximal phalanx with mini plates and 7 screws of the right hand, extensor lag with weakness of the extensor mechanism, post fracture and open reduction and internal fixation of the right hand fifth finger, anxiety, and insomnia. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Tramadol, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Furthermore, there is no documentation that Tramadol is used as a second line treatment. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 150mg #30 is not medically necessary.

Ambien 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers Compensation) Pain Procedure Summary; Mosby's Drug Consult, Zolpidem tartrate (Ambien).

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

Decision rationale: ODG identifies Ambien (zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of status post open reduction and internal fixation of the right proximal phalanx with mini plates and 7 screws of the right hand, extensor lag with weakness of the extensor mechanism, post fracture and open reduction and internal fixation of the right hand fifth finger, anxiety, and insomnia. In addition, there is documentation of trouble sleeping because of pain. However, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg #60 is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation (ODG-TWC) Pain Procedure Summary, Urine Drug Testing (UDT).

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within

the medical information available for review, there is documentation of diagnoses of status post open reduction and internal fixation of the right proximal phalanx with mini plates and 7 screws of the right hand, extensor lag with weakness of the extensor mechanism, post fracture and open reduction and internal fixation of the right hand fifth finger, anxiety, and insomnia. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Urine Toxicology Screen is not medically necessary.