

Case Number:	CM14-0202970		
Date Assigned:	12/31/2014	Date of Injury:	09/19/2013
Decision Date:	02/25/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 30 year old male with an injury date of 09/19/13. Per physician's progress report dated 10/14/14, the patient complains of frequent spasms in the right hand, right index finger, right thumb, and right forearm. The patient also experiences frequent numbness and tingling in the right hand. He suffers from lack of sleep and depressed mood, secondary to the pain. The range of motion of the right thumb is limited causing issues with gripping and grasping. As per progress report dated 09/16/14, the patient has pain along the CMC and first extensor joint and IP joint of the thumb. He also has mild tenderness along the base of the wrist. Medications, as per 10/14/14 progress report, include Tramadol, Neurontin, Naproxen and Protonix. The patient also uses a brace for pain control. The patient has received several sessions of physical therapy and acupuncture, as per the available therapy reports. The patient is working 2 days per week, as per progress report dated 10/14/14. X-ray of the Right Thumb, 09/19/13:- Laceration of the right thumb- Minimal radiopaque density may relate to betadine material. Diagnoses, 10/14/14:- Persistent symptomatology including tightness of IP flexion, numbness and tingling.- History of right thumb IP joint laceration status post digital nerve repair, repair of right thumb flexor pollicis longus tendon, and IP joint volar plate on 09/23/13 and subsequent right thumb incision and drainage with revision repair of flexor pollicis longus tendon secondary to infection with rerupture.- Ulnar and carpal tunnel syndrome on the right- Ulnar nueritis on the right with positive Tinel's- Wrist joint inflammation- Chronic pain syndrome The treating physician is requesting for (a) TENS UNIT (b) TRAMADOL ER 150 mg # 130 (c) NEURONTIN 600 mg #

90. The utilization review determination being challenged is dated 11/06/14. Treatment reports were provided from 09/19/13 - 12/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

Decision rationale: The patient presents with frequent spasms in the right hand, right index finger, right thumb, and right forearm. The patient also experiences frequent numbness and tingling in the right hand, as per progress report dated 10/14/14. The request is for TENS UNIT. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116, states that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. In this case, the patient has been diagnosed with ulnar neuritis and carpal tunnel syndrome. In progress report dated 10/14/14, the treating physician requests for a replacement of the TENS unit for pain reduction. In progress report dated 06/20/14, the treating physician states that the patient's TENS unit was denied when he was having "swelling, throbbing and possibly some mild element of sympathetic dystrophy." However, the reports do not indicate when and for how long the prior TENS unit was used. The treating physician also does not document outcomes in terms of pain relief and improved function. There is no treatment plan with short- and long-term goals. The request IS NOT medically necessary.

Tramadol ER 150 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88,89.

Decision rationale: The patient presents with frequent spasms in the right hand, right index finger, right thumb, and right forearm. The patient also experiences frequent numbness and tingling in the right hand, as per progress report dated 10/14/14. The request is for TRAMADOL ER 150 mg # 130. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. A prescription for Norco is first noted in progress report dated 07/21/14. The patient has been receiving the medication consistently since then. The treating physician does not provide any UDS and CURES reports for review. There is no discussion about side effects of Tramadol. However, in progress report dated 10/14/14, the treating physician states Tramadol has been prescribed for pain. The treating physician also states that "These medications decrease his symptoms and allow him to be functional." In progress report dated 08/19/14, the treating physician states that the Tramadol helps reduce the patient's pain from 8/10 to 4/10. The patient is working with restrictions for two days per week, as per progress report dated 10/14/14, although the patient continues to have issues with activity, especially gripping and grasping. MTUS requires specific discussion about all 4 A's, including adverse side effects, and adverse behavior. While analgesia and ADL's are provided, the treating physician does not discuss aberrant behavior via UDS's, CURES report, etc. The request IS NOT medically necessary.

Neurontin 600 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18,19.

Decision rationale: The patient presents with frequent spasms in the right hand, right index finger, right thumb, and right forearm. The patient also experiences frequent numbness and tingling in the right hand, as per progress report dated 10/14/14. The request is for NEURONTIN 600 mg # 90. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and posttherapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." A prescription for Neurontin is first noted in progress report dated 07/21/14. The patient has been receiving the medication consistently since then. In progress report dated 10/14/14, the treating physician states Gabapentin has been prescribed for neuropathic pain. The treating physician also states that "These medications decrease his symptoms and allow him to be functional." This request IS medically necessary.