

Case Number:	CM14-0207005		
Date Assigned:	12/19/2014	Date of Injury:	03/30/2011
Decision Date:	05/18/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 61 year old female patient who sustained an industrial injury on 03/30/2011. Diagnostic testing to include: magnetic resonance imaging. A primary treating office visit dated 06/12/2014 reported subjective complaints of having a constant, dull pain in the neck, left shoulder, left elbow, and left wrist. The pain level varies throughout the day. She is also with complaint of left thumb pain, and pain in the parietal area of head. The pain radiates down the left hand to the fingers and is accompanied by weakness. In addition, she has complaint of dizziness, difficulty sleeping, depression and anxiety. She is diagnosed with head injury, unspecified; cervical spine strain/sprain; cervical spine herniated disc; cervicgia; osteoarthritis, left shoulder, and left shoulder strain/sprain. The plan of care involved: prescribing Naproxen, Pantoprazole, Tramadol, and compound cream. She would also like to undergo another nerve block as she has some good benefit in the past. A primary treating follow up visit dated 09/10/2014 reported the patient with subjective complaint of cervical spine pain, left shoulder/elbow and wrist pain with weakness and limited range of motion. She also is complaining of severe headaches continuing with a pending consultation. There is no change in either diagnoses or medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 10mg QTY: 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral analgesics Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of pain and functional improvement with previous use of Tramadol. There is no clear documentation of continuous patient's compliance with her medications and a continuous monitoring of side effects. There is no documentation of the medical necessity of Tramadol. Therefore, the prescription of Tramadol 10mg #45 is not medically necessary.

Compound consisting of Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Amitriptyline and gabapentin. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base is not medically necessary.