

Case Number:	CM15-0130527		
Date Assigned:	07/16/2015	Date of Injury:	03/23/2013
Decision Date:	08/19/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/07/2015

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 & Rehabilitation, Pain Management

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 (IW) is a 39-year-old female who sustained an industrial injury on 03/23/2013. Diagnoses include status post right carpal tunnel release (8/4/14); 3mm ulnar variance right wrist with lunate cyst; status post right shoulder arthroscopy; and partial thickness rotator cuff tear, supraspinatus, right. Treatment to date has included medication, physical therapy (PT), occupational therapy (OT), carpal tunnel release, shoulder arthroscopy and shoulder injection. According to the progress notes dated 4/27/15, the IW reported right wrist and hand pain rated 6/10 with associated weakness and right shoulder pain rated 5/10. Medications included Hydrocodone, Tramadol and Ambien. On examination, range of motion (ROM) of the right shoulder was limited and the shoulder area was diffusely tender. Right hand grip strength was limited to no greater than five pounds on three attempts. PT progress notes dated 5/14/15 indicated the IW had made improvements in right shoulder and cervical pain and in strength after four visits, but still needed skilled PT for cervical and shoulder stabilization and strengthening exercises, soft tissue and joint mobilizations to decrease restrictions and improve ROM and modalities for treatment of pain. It was noted right shoulder pain was reportedly reduced by 30% since beginning PT. A request was made for topical Gabapentin 6% in base, 300Gm, prescribed 3/30/15 due to successful trial after failed oral antiepileptic; Hydrocodone 7.5mg, #60, prescribed 4/27/15; Tramadol 50mg, #90, prescribed 4/27/15; and Ambien 10mg, #30, prescribed 4/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Gabapentin 6% in base, 300gm, prescribed 3/30/15: Upheld

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

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

Decision rationale: With regard to the request for topical gabapentin, the CPMTG do not recommend this topical medication. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Given this recommendation, this request is not medically necessary.

Hydrocodone 7.5mg #60, prescribed 4/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 91, 78-81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, there although there is monitoring for aberrant behaviors such urine toxicology testing, one of the results submitted indicated the absence of hydrocodone. A discussion of this apparent aberrant result was not included. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Tramadol 50mg #90, prescribed 4/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 75-80, 94.

Decision rationale: Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains.

Improvement in function was not clearly outlined. This can include a reduction in work restrictions or significant gain in some aspect of the patient's activities. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although tramadol is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Ambien 10mg, #30, prescribed 4/27/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 04/30/15) - Online Version.

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 & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there appears to be use of Ambien since at least October 2014. This longer term use of Ambien is in excess of guideline recommendations of 6 weeks. Given this, the currently requested Ambien is not medically necessary.