

Case Number:	CM15-0133135		
Date Assigned:	07/21/2015	Date of Injury:	01/25/2007
Decision Date:	09/23/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 39 year old female, who sustained an industrial injury on 01/25/2007. The injured worker is currently not working and permanent and stationary. The injured worker is currently diagnosed as having chronic regional pain syndrome to right upper limb with potential spread to the left upper limb and trunk following crush injury to the right hand, insomnia secondary to chronic pain, and diabetes mellitus. Treatment and diagnostics to date has included wrist surgery, physical therapy, home exercise program, spinal cord stimulator implantation with reduction of pain by about 50 percent, and medications. In a progress note dated 04/29/2015, the injured worker presented with complaints of right hand and arm pain and rated 5/10 with medications and 10/10 without medications or stimulator. Objective findings include mild edema noted at the right hand and wrist with temperature being cooler than left side. The treating physician reported requesting authorization for Ultracet and Tylenol #3. Per the note dated 7/1/15 the patient had complaints of pain in right hand and wrist at 7-8/10 and insomnia due to pain. Physical examination of the right hand revealed mild edema, tenderness on palpation, 4/5 strength and limited range of motion. The patient's surgical history include TFC repair and CTR of right wrist and spinal cord stimulator implantation. The patient sustained the injury when her hand was crushed in the door. The patient had received an unspecified number of PT visits for this injury. The medication list include Amitriptyline, Gabapentin, Cymbalta, Tylenol #3, Ultracet, Motrin, Ambien and Glipizide. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain Page(s): 74-96, 113.

Decision rationale: Ultracet #120. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The injured worker is currently diagnosed as having chronic regional pain syndrome to right upper limb with potential spread to the left upper limb and trunk following crush injury to the right hand, insomnia secondary to chronic pain, and diabetes mellitus. In a progress note dated 04/29/2015, the injured worker presented with complaints of right hand and arm pain and rated 5/10 with medications and 10/10 without medications or stimulator. Objective findings include mild edema noted at the right hand and wrist with temperature being cooler than left side. Per the note dated 7/1/15 the patient had complaints of pain in right hand and wrist at 7-8/10 and insomnia due to pain. Physical examination of the right hand revealed mild edema, tenderness on palpation, 4/5 strength and limited range of motion. The patient's surgical history include TFC repair and CTR of right wrist and spinal cord stimulator implantation. The patient had received an unspecified number of PT visits for this injury. Patient is already taking a NSAID. There is no evidence of any medication abuse. The patient has chronic pain with evidence of abnormal objective findings. The patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Ultracet #120 is deemed as medically appropriate and necessary.

Tylenol no. 3 #160: 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: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids Page(s): 74-96.

Decision rationale: Tylenol no. 3 #160: Tylenol no. 3 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics/medications is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. The response of the pain to the patient's other current medications including the lower potency opioid ultracet, excluding the Tylenol with codeine, was not specified in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Tylenol no. 3 #160 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.