

<b>Case Number:</b>	CM15-0133338		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	09/18/2006
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Massachusetts

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 is a 54 year old male, who sustained an industrial injury on 9/18/2006. He reported his hand was crushed between metal and a forklift subsequently undergoing two surgeries of the left hand. Diagnoses include left wrist crush injury, left wrist pain, chronic neck pain and cervical radiculopathy. Treatments to date include Ultracet and acupuncture treatments. Currently, he complained of ongoing symptoms of the upper extremities associated with pins and needles, reporting frequently dropping things and inability to make a fist. He reported 10% decrease in pain and allows him to rest. On 6/1/15, the physical examination documented decreased left wrist extension, numbness in the left hand and decreased sensation throughout the left upper extremity. The plan of care included Tramadol/APAP 37.5m #90; and Gabapentin 10% topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APAP 37.5/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment; Weaning of Medications. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG), Pain (Chronic): Tramadol/Acetaminophen (Ultracet) (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain, 2001 Nov; 94 (2): 149-58.

**Decision rationale:** The claimant sustained a work injury in September 2006 due to a crush injury and continues to be treated for left hand and wrist pain. He sustained an extensor tendon laceration and had two surgeries. Medications are referenced as decreasing pain by 10% and allowing him to rest more easily. When seen, he had discontinued taking Pamelor as it was ineffective. He was content with the pain relief he was receiving when taking Ultracet. Pain was rated at 7/10. Physical examination findings included decreased left grip strength and sensation. Ultracet was refilled. Topical gabapentin cream was prescribed. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ultracet (tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing a degree of pain control that is meaningful to the claimant. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Gabapentin 10% cream #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in September 2006 due to a crush injury and continues to be treated for left hand and wrist pain. He sustained an extensor tendon laceration and had two surgeries. Medications are referenced as decreasing pain by 10% and allowing him to rest more easily. When seen, he had discontinued taking Pamelor as it was ineffective. He was content with the pain relief he was receiving when taking Ultracet. Pain was rated at 7/10. Physical examination findings included decreased left grip strength and sensation. Ultracet was refilled. Topical gabapentin cream was prescribed. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there are other single component topical treatments that could be considered. This medication was not medically necessary.