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| Case Number: | CM15-0183976 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 05/18/2009 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 09/11/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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

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 50 year old female, who sustained an industrial injury on 5-18-09. Current diagnoses or physician impression includes cervical spine myoligamentous strain, right wrist sprain with recurrent sprain, left wrist sprain, bilateral shoulders inflammatory process, headaches (undetermined etiology). The injured worker is retired. A note dated 7-27-15 reveals the injured worker presented with complaints of bilateral wrist pain (right greater than left). She reports feeling a needle like pain in her right index "PIP" joint and her hand stiffens up when she writes. She reports headaches that are located in the left temple upon waking in the morning and she is awakened by a loud "pop" sound inside of her head. She reports a constant left eye twitch and stuttering that comes and goes. A physical examination dated 7-27-15 revealed right shoulder tenderness over the "bicipital groove" and the left shoulder reveals tenderness over all aspects. There is moderate, severe tenderness of the right "distal trapezius, the center of the left trapezius and brachial radialis". No tenderness is noted in the elbows or wrists bilaterally. There is moderate, severe tenderness over the right thumb "metacarpal phalangeal and interphalangeal joints", as well as decreased range of motion. Treatment to date has included physical therapy, per note dated 8-31-15 the injured worker was unable to tolerate treatment, surgical intervention right dorsal wrist (2010), medications (Naprosyn, Zanaflex, Flexeril (discontinued) and Tramadol) for at least 4 months. She had an MRI in 2010. A request for authorization dated 9- 1- 15 for Ultram 50 mg #60 (retrospective date of service 6-4-15) and Fexmid 7.5 mg # 60 (retrospective date of service 6-4-15) is denied, per Utilization Review letter dated 9-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ultram 50mg #60, date of service: 06/04/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 06/18/09 and presents with wrist pain and right foot pain. The retrospective request is for Ultram 50 mg #60, date of service: 06/04/2015. The utilization review rationale is that "there is no documentation of pain reduction, functional improvement, side effects, aberrant behavior, and urine drug testing." The RFA is dated 08/06/15 and the patient is permanent and stationary. It appears that this is the patient's initial trial with this medication. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4 A'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. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS, Medications for Chronic Pain Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." The patient is diagnosed with cervical spine myofasciitis, right wrist sprain with recurrent sprain, left wrist sprain, bilateral shoulders inflammatory process, headaches (undetermined etiology). Review of the reports provided does not indicate if the patient had any recent prescribed opioids. Given the patient's continued wrist pain and right foot pain, a trial of Ultram may be appropriate. For ongoing use of this medication, the treater will need to provide documentation of pain and functional improvement including the 4 A's going forward. The requested Ultram is medically necessary.

Retrospective request for Fexmid 7.5mg #60, date of service: 06/04/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient was injured on 06/18/09 and presents with wrist pain and right foot pain. The retrospective request is for Fexmid 7.5 mg #60, date of service: 06/04/2015. The RFA is dated 08/06/15 and the patient is permanent and stationary. It appears that this is the patient's initial trial with this medication. MTUS Guidelines, Muscle Relaxants section, pages 63- 66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient is diagnosed with cervical spine myoligamentous strain, right wrist sprain with recurrent sprain, left wrist sprain, bilateral shoulders inflammatory process, headaches (undetermined etiology). MTUS Guidelines do not recommend the use of Fexmid for longer than 2 to 3 weeks. In this case, the treater is requesting for 60 tablets of Fexmid, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Fexmid is not medically necessary.