

Case Number:	CM15-0201071		
Date Assigned:	10/16/2015	Date of Injury:	01/18/2013
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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 65 year old male, who sustained an industrial injury on 1-18-13. The injured worker has complaints of fingers left side pain with numbness. Range of motion of left 1st digit affected by 50 percent in all planes except flexion, which is full. Tenderness to palpation first digit along medical fingertip. The diagnoses have included chronic pain and pain in thumb. Treatment to date has included open reduction, internal fixation in January 2013; bone graft; repair of left thumb phalanx nonunion with open reduction and fixation with right iliac crest bone graft on 1-6-14; postoperatively reviewed approximately 24 sessions of physical therapy; steroid injections to the thumb not beneficial; gabapentin and tramadol. The original utilization review (9-17-15) modified the request for tramadol 50mg tablet, 1 orally twice daily for 30 days, #60 to #45. The request for gabapentin 300mg capsule, 1 orally at bedtime for 30 days, #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg tablet, 1 orally twice daily for 30 days, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The claimant sustained a work injury in January 2013 with a compound fracture, severe laceration, and near amputation of the left thumb as the result of a crush injury. Surgeries were done on the day of injury, in May 2013, and in January 2014. He was seen for an initial evaluation by the requesting provider on 08/19/15. He had left hand pain and was having constant numbness. Physical examination findings included decreased left thumb range of motion with medial fingertip tenderness. The claimants past medical history includes diabetes, hypertension, elevated cholesterol, renal insufficiency, sleep apnea, and gout. Medications were prescribed including Tramadol and gabapentin. The gabapentin dose was 300 mg per day. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non- opioid analgesics. Baseline pain and functional assessments should be made. A pain assessment should include the current level of pain. In this case, VAS pain levels were not recorded. Failure of non-opioid analgesic medication is not documented. For these reasons, prescribing Tramadol cannot be accepted as being medically necessary.

Gabapentin 300mg capsule, 1 orally at bedtime for 30 days, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant sustained a work injury in January 2013 with a compound fracture, severe laceration, and near amputation of the left thumb as the result of a crush injury. Surgeries were done on the day of injury, in May 2013, and in January 2014. He was seen for an initial evaluation by the requesting provider on 08/19/15. He had left hand pain and was having constant numbness. Physical examination findings included decreased left thumb range of motion with medial finger tip tenderness. The claimants past medical history includes diabetes, hypertension, elevated cholesterol, renal insufficiency, sleep apnea, and gout. Medications were prescribed including Tramadol and gabapentin. The gabapentin dose was 300 mg per day. 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. In this case, the claimant had pain and numbness. There were no physical examination findings such as allodynia that would support a diagnosis of neuropathic pain. The presence of neuropathic pain is not documented. For these reasons, prescribing gabapentin cannot be accepted as being medically necessary.