

<b>Case Number:</b>	CM15-0206604		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/08/2008
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, North Carolina

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:

This 62-year-old man sustained an industrial injury on 5-8-2008. Diagnoses include chronic pain syndrome, right hand and thumb pain, and peripheral neuropathy. Treatment has included oral and topical medications including Tramadol (since at least March of 2015) and Fentanyl patches (since at least May of 2015) and PENS therapy. Physician notes on a PR-2 dated 9-11-2015 show complaints of right hand and thumb pain. The physical examination is not detailed, but is noted to have "no changes". Recommendations include PENS therapy, Fentanyl patch, tramadol, and follow up in 45 days. Utilization Review denied requests for Tramadol and Fentanyl patches on 10-5-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 12mcg, 1 patch every 48hrs, #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The request is for Fentanyl patches, an opioid that is recommended for moderate to severe pain. CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety of efficacy. There is little research to support the use of many topical agents. Topicals may be indicated when first-line agents for neuropathic pain, such as antidepressants and anticonvulsants, fail. In this case, there is no documentation of failure of first-line agents. There is also no indication of failure of oral agents requiring a topical. Therefore, the request is not medically necessary or appropriate.

**Tramadol 50mg, 1 tab po tid prn #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

**Decision rationale:** The request is for Tramadol, a centrally-acting synthetic opioid recommended for moderate to severe pain. Tramadol is intended for short-term use. CA MTUS Guidelines state that ongoing use requires evidence of pain reduction and functional improvement. The 4 A's of analgesia, ADLs, appropriate medication use and aberrant behavior should be monitored. Within the medical records submitted, there is no evidence that these parameters have been met. In addition, there is no opioid pain contract or monitoring of periodic urine drug testing in the records submitted. Therefore, based on the above lack of information, this request is not medically necessary or appropriate.

**PENS (percutaneous electrical nerve stimulation) four (4) treatments in 30 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Auricular Electroacupuncture.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** CA MTUS Guidelines states that transcutaneous electrotherapy (TENS) is not recommended as a primary treatment modality, but as an option if used as an adjunct to a program of evidence-based functional restoration. PENS are similar to TENS, but differ in that needles are inserted 1-4 cm around or immediately adjacent to the nerve serving the painful area. PENS are reserved for patients who have failed TENS. Therefore, the request is not medically necessary.