

<b>Case Number:</b>	CM15-0082314		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	04/02/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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, 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 31 year old male, who sustained an industrial injury on 4/2/14. The injured worker was diagnosed as having significant atrophy in the right thigh and ankle, status post open reduction internal fixation of the right calcaneus with residual stiffness in the right ankle and varus deformity, and right great toe ingrown nail secondary to casting. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of right thigh and right ankle/foot pain. The treating physician requested authorization for physical therapy to the right ankle 2 x 6 for a total of 24 visits, Amitriptyline 10%/Gabapentin 10% /Bupivacaine 5% in cream base 180g, Tramadol 50mg #60, and office visits for patient education web classes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the right ankle (2 x 6 for total of 24): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 12-14.

**Decision rationale:** The California Code of Regulations Section 9792.20 on pages 12-14 describes guidelines for post-operative physical therapy in ankle and foot disorders as excerpted below: "Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a therapist. (Colorado, 2001) (Aldridge, 2004) This RCT (randomized controlled trial) supports early motion (progressing to full weight-bearing at 8 weeks from treatment) as an acceptable form of rehabilitation in surgically treated patients with Achilles tendon ruptures. (Twaddle, 2007) Fracture of ankle (ICD9 824): Postsurgical treatment: 21 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months." In the case of this worker, there is documentation of ORIF of the calcaneus. A progress note from 12/2014 had documented the patient was participating in 12 PT visits. Many PT progress notes are included, but a comprehensive summary of functional gains or total sessions to date is not available. Without this information, the total additional number of future sessions allowed per guidelines cannot be determined. Given that the request is for 24 PT sessions, this request is not medically necessary.

**Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base-180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** This formulation consistent of gabapentin in topical form. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use". The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, the topical gabapentin component is not recommended, and the entire formulation is not medically necessary.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 78; 93-94; 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioid Page(s): 75-80, 94.

**Decision rationale:** Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on

pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. This can include a reduction in work restrictions or significant gain in some aspect of the patient's activities. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although tramadol is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

**Office visits-Patient education web classes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus. Web-based version: Follow-up Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Office visits.

**Decision rationale:** Regarding the request for a follow-up visit for patient education web classes, the California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. "The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is not clear what the content of the web education would be. A progress note identifying the rationale for this request was not noted. Given this, the currently request is not medically necessary.