

Case Number:	CM15-0011551		
Date Assigned:	01/29/2015	Date of Injury:	09/25/2014
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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 treating physician is a 19 year old male who sustained an industrial related injury on 9/26/14. The injured worker had complaints of right hand pain. Physical examination findings included obvious angular deviation and step-off of the right fifth metacarpal with moderate tenderness. No sensory or motor deficits were present. The diagnosis was right fifth metacarpal fracture malunion/nonunion. Medication included Ultram ER and over the counter Diphenhydramine for insomnia. The treating physician requested authorization for Ultram ER 140mg #30 and 1 prescription of over the counter Diphenhydramine 25mg. On 12/22/14 the requests were non-certified. Regarding Ultram, the utilization review physician (UR) cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the MTUS guidelines only recommended use of Ultram as a second line therapy for treatment of moderate to severe pain after there had been failed trials of first line medications including NSAIDS and narcotics. The only medication documented in the medical records was Norco and its discontinuation was not a result of this medication ineffectively working but that injured worker did not seek treatment after the initial ER visit. Regarding Diphenhydramine, the UR physician noted there were no guidelines that supported the use of this medication for the injured worker's diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: Based on the 11/20/14 progress report provided by treating physician, the patient presents with pain in his fracture right hand, which can keep him awake at night without the use of medication. The request is for ULTRAM ER 150MG #30. Patient's diagnosis on 11/20/14 included right fifth metacarpal fracture malunion/nonunion. Patient's medication's include Ultram and Diphenhydramine OTC. The patient is temporarily totally disabled pending surgery for the right hand. MTUS Guidelines 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 page 78 also requires documentation of the 4As (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 Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for 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. Ultram was included in progress reports dated 10/21/14 and 11/20/14. In this case, treater has not discussed how Ultracet decreases pain and significantly improves patient's activities of daily living. There are not pain scales or validated instruments addressing analgesia. Urine drug screen was administered, per treater report dated 10/21/14, however no discussion of results or prescription compliance. There are no opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions regarding adverse effects, specific ADL's, etc. MTUS requires appropriate discussion of the 4A's. Furthermore, there is no documentation of trial of other first-line oral analgesics. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

OTC (over the counter) Diphenhydramine 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress Chapter, under Insomnia treatment

Decision rationale: Based on the 11/20/14 progress report provided by treating physician, the patient presents with pain in his fracture right hand, which can keep him awake at night without the use of medication. The request is for OTC (OVER THE COUNTER) DIPHENHYDRAMINE 25MG. Patient's diagnosis on 11/20/14 included right fifth metacarpal fracture malunion/nonunion. Patient's medication's include Ultram and Diphenhydramine OTC.

The patient is temporarily totally disabled pending surgery for the right hand. MTUS is silent on Benadryl/antihistamines. ODG-TWC, Mental Illness & Stress Chapter, under Insomnia treatment topic states: "Sedating antihistamines (primarily over-the-counter medications): Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days... sedating antihistamines are not recommended for long-term insomnia treatment. The AGS updated Beers criteria for inappropriate medication use includes diphenhydramine. (AGS, 2012)." Per treater report dated 11/20/14, the patient is prescribed OTC Diphenhydramine "each bedtime for insomnia." Per ODG, sedating antihistamines have been suggested for sleep aids. Diphenhydramine has been prescribed for over a month from UR date of 12/22/14. Guidelines do not recommend long-term use of this medication. Furthermore, treater has not indicated quantity in the request. The request is not in accordance with guideline indication. Therefore, the request IS NOT medically necessary.