

Case Number:	CM15-0173830		
Date Assigned:	09/15/2015	Date of Injury:	07/01/2009
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/03/2015

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: Emergency Medicine

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 (IW) is a 62 year old female who sustained an industrial injury on 07-01-2009. The injured worker was diagnosed as having Carpal tunnel syndrome bilaterally status post decompression with repeat study showing significant persistent involvement of the sensory and motor function of the hands, stenosing tenosynovitis along the A1 pulley of all fingers both hands with exception of the little finger on the right. Depression and sleep disorder secondary to chronic pain. Treatment to date has included carpal tunnel surgery and medications. Despite surgical intervention, nerve studies have not shown improvement. In the provider notes of June 22, 2015, the worker relates that she has limitations with gripping and grasping, and problems with dexterity. She planned a vacation, and requested #60 of the Tramadol ER 150 as it "is the single medication that helps her the most". Other medications include Naproxen, Remeron, Flexeril, AcipHex, Neurontin, and Lunesta. She has diabetes with kidney involvement; however, her primary care provider approved the medications. Prescriptions at that time were given for the preceding medications. On exam, she had wrist extension 25 degrees and flexion of 25 degrees. Wrist dorsiflexion was 60 degrees and palmar flexion was 45 degrees. She had difficulty with the thumb tip reaching the 5th metacarpophalangeal joint. Her grip was 0 on the right and 5 on the left. She had Tinel's on the carpal tunnel area bilaterally and tenderness bilaterally. Two point discrimination was aberrant along the median distribution of both hands. In the provider notes of 07-07-2015, the injured worker states her bilateral wrist pain was improved by warm weather and vacation. Objective findings include tenderness bilaterally on the wrists, CMC (carpometacarpal) as well as carpal tunnels. There was a negative Tinel at the

wrist and negative tenderness along the STT joint bilaterally. The treatment plan includes requests for her prior medications with the exception of Naproxen secondary to renal issues. The IW stopped working 09-03-2009. She was made permanent and stationary on January 30, 2014. A request for authorization was submitted for: 1. Tramadol ER 150mg #30 (retrospective 08/07/2015). 2. Tramadol ER 150mg #30. 3. Gabapentin 600mg #90 (retrospective 08/07/2015). 4. Gabapentin 600mg #90. 5. Aciphex 20mg #30. 6. Lunesta 2mg #30. A utilization review decision (08-24-2015): 1. Non-certified the request for Tramadol ER 150mg #30 (retrospective 08/07/2015). 2. Modified the request for Tramadol ER 150mg #30 to one prescription of Tramadol ER 150 #23 between 08-07-2015 and 10-19-2015. 3. Non-certified the request for Gabapentin 600mg #90 (retrospective 08/07/2015). 4. Modified the request for Gabapentin 600mg #90, to certify one prescription of Gabapentin 600 Mg # 45 between 08-07- 2015 and 10-19-2015. 5. Non-certified the request for Aciphex 20mg #30, between 08-07-2015 and 10-19-2015. 6. Non-certified the request for Lunesta 2mg #30 between 08-07-2015 and 10-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30 (retrospective 08/07/2015): 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): Opioids for chronic pain.

Decision rationale: Tramadol is a pain medication in the category of a centrally acting analgesic. They exhibit opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Centrally acting drugs are reported to be effective in managing neuropathic type pain although it is not recommended as first line therapy. The side effect profile is similar to opioids. For chronic back pain, it appears to be efficacious for short-term pain relief, but long term (>16 weeks) results are limited. It also did not appear to improve function. The use of tramadol for osteoarthritis is indicated for short-term use only (<3 months) with poor long-term benefit. In this case, the patient does not meet the qualifying criteria. This is secondary to the duration of use, with this medication being indicated on a short-term basis only. As such, the request is not medically necessary.

Tramadol ER 150mg #30: 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): Opioids for chronic pain.

Decision rationale: Tramadol is a pain medication in the category of a centrally acting analgesic. They exhibit opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Centrally acting drugs are reported to be effective in managing neuropathic type pain although it is not recommended as first line therapy. The side effect profile is similar to opioids. For chronic back pain, it appears to be efficacious for short-term pain relief, but long term (>16 weeks) results are limited. It also did not appear to improve function. The use of tramadol for osteoarthritis is indicated for short-term use only (<3 months) with poor long-term benefit. In this case, the patient does not meet the qualifying criteria. This is secondary to the duration of use, with this medication being indicated on a short-term basis only. As such, the request is not medically necessary.

Gabapentin 600mg #90 (retrospective 08/07/2015): 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): Antiepilepsy drugs (AEDs).

Decision rationale: The request is for the use of a medication in the category of an anti-epileptic drug (AED). These medications are recommended for certain types of neuropathic pain. Most of the randomized clinical control trials involved include post-herpetic neuralgia and painful polyneuropathy such as in diabetes. There are few trials, which have studied central pain or radiculopathy. The MTUS guidelines state that a good response to treatment is 50% reduction in pain. At least a 30% reduction in pain is required for ongoing use, and if this is not seen, this should trigger a change in therapy. There should also be documentation of functional improvement and side effects incurred with use. Disease states, which prompt use of these medications, include post-herpetic neuralgia, spinal cord injury, chronic regional pain syndrome, lumbar spinal stenosis, post-operative pain, and central pain. There is inadequate evidence to support use in non-specific axial low back pain or myofascial pain. In this case, there is lack of documentation of adequate pain reduction for continued use. The records also do not reveal functional improvement or screening measures as required. As such, the request is not medically necessary.

Gabapentin 600mg #90: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The request is for the use of a medication in the category of an anti-epileptic drug (AED). These medications are recommended for certain types of neuropathic pain. Most of the randomized clinical control trials involved include post-herpetic neuralgia and painful polyneuropathy such as in diabetes. There are few trials, which have studied central pain

or radiculopathy. The MTUS guidelines state that a good response to treatment is 50% reduction in pain. At least a 30% reduction in pain is required for ongoing use, and if this is not seen, this should trigger a change in therapy. There should also be documentation of functional improvement and side effects incurred with use. Disease states, which prompt use of these medications, include post-herpetic neuralgia, spinal cord injury, chronic regional pain syndrome, lumbar spinal stenosis, post-operative pain, and central pain. There is inadequate evidence to support use in non-specific axial low back pain or myofascial pain. In this case, there is lack of documentation of adequate pain reduction for continued use. The records also do not reveal functional improvement or screening measures as required. As such, the request is not medically necessary.

Aciphex 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request is for the use of a medication in the class of a proton pump inhibitor. It is indicated for patients with peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Due to the fact the patient does not meet to above stated criteria, the request for use is not medically necessary.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: The request is for the use of a sleep aid. The need for this type of medication is varied and includes side effects of pharmaceuticals taken, stress, or even psychiatric conditions. Prior to use, a proper work-up is required delineating the etiology of the sleep disturbance. This may require a psychiatric evaluation. Further, restorative measures should initially include improving sleep hygiene, reducing caffeine intake and fat rich foods. In this case, the required evaluation and initial treatment measures are not seen. As such, the request is not medically necessary.

