

Case Number:	CM15-0074418		
Date Assigned:	04/29/2015	Date of Injury:	02/15/2014
Decision Date:	06/05/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/20/2015

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

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 injured worker is a 55-year-old male, who sustained an industrial injury on 2/15/2014. He reported a crush injury subsequently requiring a left finger amputation, and right ring finger revision surgery. Diagnoses include rule out left wrist posttraumatic carpal tunnel syndrome, left digit tenosynovitis, status post left ring finger amputation at distal interphalangeal joint, painful stump, revision. Treatments to date include medication therapy and physical therapy. Currently, he complained of left wrist/hand pain. On 2/26/15, the physical examination documented tenderness with palpation to left wrist and left hand with restricted range of motion. The plan of care included continuation of medication therapy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50MG Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: The patient was injured on 02/15/14 and presents with left wrist/hand pain. The request is for ULTRAM 50 MG QTY 60. The utilization review rationale is that "there was lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use." The RFA is dated 02/25/15 and the patient is on temporary total disability. It appears that this is the initial request for this medication. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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 Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." There is grade 2 tenderness to palpation of the left wrist and left hand, a limited range of motion at the MCP and PIP, and deficits in motion of the left ring finger. The patient is diagnosed with rule out left wrist posttraumatic carpal tunnel syndrome, left digit tenosynovitis, and status post left ring finger amputation at distal interphalangeal joint, painful stump, revision. Ultram is the only oral medication listed on the 02/26/15 report. The 10/30/14 report indicates that the patient is taking Norco. Reports show that although Norco is listed as an opiates, there is lack of documentation of the four A's required for ongoing use of opiates. The provider does not indicate why Ultram is being prescribed. There is lack of documentation that previous opiates have worked or not worked and the reasons for switch. MTUS allows different medications to be tried but in this situation, there is lack of documentation that previous meds either failed or poorly tolerated. Given that the patient already has tried other opiates without documentation of efficacy, it does not appear reasonable to try another opiate. The requested Ultram IS NOT medically necessary.

Urine Toxicology Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient was injured on 02/15/14 and presents with left wrist/hand pain. The request is for URINE TOXICOLOGY TESTING. The utilization review rationale is that "there was no indication that there was any suspected aberrant behavior." The RFA is dated 02/25/15 and the patient is on temporary total disability. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen

following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The 02/26/15 report states that the patient is taking Ultram. There are no prior urine drug screens provided for review, nor has the treater documented that the patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. Furthermore, the requested Ultram was denied. Therefore, urine toxicology is not necessary. The requested urine drug screen IS NOT medically necessary.

Amitriptyline 10% Gabapentin 10% and Bupivacaine 5%in cream base 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical.

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

Decision rationale: The patient was injured on 02/15/14 and presents with left wrist/hand pain. The request is for AMITRIPTYLINE 10%, GABAPENTIN 10%, AND BUPIVACAINE 5% IN CREAM BASE 180 GM. The RFA is dated 02/25/15 and the patient is on temporary total disability. It appears that this is the initial request for this topical cream. MTUS guidelines have the following regarding topical creams (p111, chronic pain section): "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS continues to state that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen." There is grade 2 tenderness to palpation of the left wrist and left hand, a limited range of motion at the MCP and PIP, and deficits in motion of the left ring finger. The patient is diagnosed with rule out left wrist posttraumatic carpal tunnel syndrome, left digit tenosynovitis, and status post left ring finger amputation at distal interphalangeal joint, painful stump, revision. Amitriptyline is a tricyclic antidepressant. MTUS specifically states that antidepressants such as Amitriptyline are not recommended and this ingredient has not been tested for transdermal use with any efficacy. The requested compounded cream also contains Gabapentin which is not indicated by guidelines. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Neither Amitriptyline nor Gabapentin are indicated for topical cream. The requested compounded cream IS NOT medically necessary.