

Case Number:	CM13-0028102		
Date Assigned:	11/22/2013	Date of Injury:	04/25/2011
Decision Date:	01/23/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for chronic pain syndrome, chronic wrist pain, paresthesias, and chronic hand pain associated with an industrial injury of April 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various provider in various specialties; CT scanning of the wrist dated August 8, 2012, notable for low-grade calcifications of uncertain clinical significance; normal x-rays of the wrist of July 29, 2013; and extensive periods of time off of work, on total temporary disability. An earlier clinical note of August 12, 2013 is notable for comments that the applicant reports persistent 8/10 hand pain. Without medications, the applicant's pain is 10/10. He continues to have numbness, tingling, and weakness, it is noted. Limited range of motion is appreciated. The applicant has a well healed surgical scar noted about the wrist. The applicant is given diagnosis of arthrofibrosis and paresthesias. He is given refills of Naprosyn, tizanidine, and tramadol. A 10-pound lifting limitation is endorsed. The applicant does not appear to be working with this limitation in place. An earlier note of July 29, 2013 is notable for comments that the applicant continues to be off of work and is still receiving worker's compensation benefits. The applicant maintains that he is still symptomatic. There is no mention if the applicant is improving with Naprosyn, tramadol, and tizanidine. He apparently has a claw-hand impairment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected through ongoing opioid usage. In this case, however, it does not appear that the aforementioned criteria have been met. The applicant does not appear to have returned to work. He reports only minimal diminution of pain through ongoing opioid usage, namely reduction in pain score from 10/10 to 8/10. His physical impairment apparently is still significant. There is no evidence of improved performance in non-work activities of daily living. The applicant continues to report difficulty performing various activities of daily living. The attending provider has not, in short, clearly established the benefits of ongoing tramadol usage.

A quarterly laboratory evaluation, including Chemistry 8, hepatic function testing, CPK, CRP, arthritis panel, and CBC: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269,Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: While some portions of this request can be supported, not all components of the request can be supported. The quarterly screening interval proposed by the attending provider is also not supported. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic laboratory monitoring of those applicants using NSAIDs chronically includes CBC, hepatic function testing, and renal function testing. However, the CPK, CRP, and arthritis panel cannot be supported. While the MTUS-adopted ACOEM Guidelines in chapter 11 do support testing for comorbid conditions such as diabetes, hypothyroidism, and arthritis in individuals with persistent hand and wrist complaints of unknown etiology, in this case, however, the attending provider has not clearly stated that he believes the applicant carries any of the aforementioned diagnosis for which laboratory testing such as CPK, CRP, and arthritis panel would be indicated. The applicant appears to have sustained trauma to the wrist in a laceration type injury. He has well established mechanism of injury and well established source of pathology. Therefore, some components of the proposed laboratory testing, namely the CPK, CRP, and arthritis panel cannot be supported here.