

<b>Case Number:</b>	CM13-0036022		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 filed a claim for chronic neck, low back, left shoulder, and left wrist pain reportedly associated with an industrial injury of May 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties; two prior left shoulder surgeries; and a left carpal tunnel release surgery. In a utilization review report of September 27, 2013, the claims administrator denied a request for a wrist brace and a request for tramadol. A November 16, 2013 note is notable for comments that the applicant is off of work, on total temporary disability. The applicant has now filed for Social Security Disability Insurance (SSDI), it is further noted. An earlier note of November 14, 2013 is notable for comments that the applicant reports reduction in pain from 9/10 to 4/10 following usage of Tramadol. Limited shoulder range of motion with positive signs of internal impingement appreciated. Additional physical therapy and manipulative therapy are sought. Motrin and a topical cream are endorsed, in addition to Tramadol. The applicant is given restrictions which apparently are resulting in his removal from the workplace. An earlier note of September 5, 2013, is notable for comments that the applicant has persistent numbness, tingling, and pain about the left hand and wrist. He has paresthesias at night, it is noted. A left hand and wrist brace are endorsed, as is tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left hand/Wrist brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, scientific evidence supports the usage of nighttime splinting in those applicants with carpal tunnel syndrome. In this case, the applicant does seemingly carry active signs and symptoms of carpal tunnel syndrome. Splinting is an appropriate treatment for the same, per ACOEM. Therefore, the request is certified.

**Ultram 50mg, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 includes evidence of successful return to work, improved functioning, and reduced pain effected as a result of prior opioid usage. In this case, there is some suggestion reported that the applicant is reporting diminution in pain scores as a result of ongoing tramadol usage. However, there is no mention of improved functioning in terms of non-work activities of daily living. In fact, a medical-legal report of September 19, 2013, is notable for comments that the applicant is unable to swim or exercise secondary to pain and does not do much in terms of non-work activities of daily living. The applicant is off of work, on total temporary disability, and has failed to return to any form of work, several years removed from the date of injury. Continuing tramadol in this context is not indicated. Therefore, the request is not certified, on independent medical review.