

<b>Case Number:</b>	CM13-0037133		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/06/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 patient is a 46 year old female who reported an injury on 10/06/2012. The patient's diagnoses include carpal tunnel syndrome and lesion of the ulnar nerve. She was seen on 10/16/2013 with complaints of pain in the upper back, right shoulder, and both wrists with radiation to the right arm. Her pain was rated as 5/10 at best and 8/10 at worst and was associated with tingling, numbness, and weakness in both hands. The exam reported strength 4+/5 right grip and 4/5 left grip. She had intact light touch and pinprick throughout except in the bilateral median and ulnar nerve distributions. Her reflexes were 1+/4 in the bilateral upper extremities. She was referred for a second opinion hand surgery and recommended acupuncture and continuation of medication regimen

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** CA MTUS does not recommend Ultram as a first-line oral analgesic. It is recommended for chronic pain after other conservative measures have failed. Ongoing monitoring of chronic pain patients on opioids must include documentation of the patient's pain relief, lack of side effects and misuse, and functional improvements. The documentation submitted did not provide evidence of failed outcomes from other conservative measures or the lack of side effects and misuse. The lack of documentation does not meet guidelines. As such, the request is non-certified.

**Terocin Patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** CA MTUS states the use of topical analgesics are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation submitted did not provide evidence of failed outcomes from other conservative treatments, antidepressants, and/or anticonvulsants. As such, the request is non-certified.