

Case Number:	CM13-0042965		
Date Assigned:	12/27/2013	Date of Injury:	01/27/2003
Decision Date:	09/11/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/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:

This 44-year-old male laborer sustained an industrial injury on 1/27/03. Injury occurred when his right hand was crushed between concrete and the steel plate of a machine. The 7/22/11 right wrist MR arthrogram impression documented a focal tear on the lunate side of the lunotriquetral ligament with associated focal reactive bony changes and small subchondral cysts along the proximal medial aspect of the lunate. These changes can also be seen in ulnar impaction syndrome. The triangular fibrocartilage was intact. The 7/20/13 orthopedic consult cited right wrist and elbow pain, wrist swelling, and hand numbness. Functional difficulty was reported in all activities of daily living. The patient was not taking any medications. Right hand exam documented distal radioulnar joint tenderness, some prominence of the distal ulnar area, wrist flexion 40 degrees, wrist extension 45 degrees, pain with ulnar deviation, positive Phalen's, negative Tinel's and Finkelstein's, and no thenar or intrinsic atrophy. The orthopedist requested medical records for review. The 8/31/13 progress report cited right wrist pain with weakness, numbness, and stiffness. The patient reported dropped things due to pain and weakness. Physical exam findings documented right wrist flexion/extension 40 degrees, positive Phalen's, and right ulna pain. The diagnosis was chronic right wrist pain and ulnar impaction syndrome. The treatment plan documented the need to obtain medical records. The orthopedist opined the medical necessity for right wrist surgery and gave the patient prescriptions for Tramadol and Naprosyn. The 10/7/13 utilization review conditionally non-certified the requests for Naprosyn, Tramadol, and right wrist surgery as additional information was necessary in order to render a decision. The provider was requested to provide specific dosage and quantity information regarding the medication requests and to specify diagnostic findings and exact surgery being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PRESCRIPTION OF NAPROSYN: 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): 264, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state non-steroidal anti-inflammatory drugs (NSAID), such as Naproxen are indicated for short term lowest dosage treatment of symptoms associated with osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period of time for patients with moderate to severe pain from osteoarthritis. The ACOEM guidelines generally recommend non-prescription NSAIDs for symptom control in wrist complaints. There is no specific prescription provided by the provider relative to the dosage and quantity of medication being prescribed. There is no current pain assessment to support the medical necessity of prescription NSAIDs. There is insufficient information to render a decision. Therefore, this request for an unknown prescription of Naprosyn is not medically necessary.

UNKNOWN PRESCRIPTION OF TRAMADOL: 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 Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is not recommended as a first line oral analgesic. Guideline criteria have not been met. Records indicated that the patient had not been using medications. The use of Tramadol as a first-line analgesic is not supported by guidelines. There is no specific prescription provided by the provider relative to the dosage and quantity of medication being prescribed. There is insufficient information to render a decision. Therefore, this request for an unknown prescription of Tramadol was not medically necessary.

UNKNOWN RIGHT WRIST SURGERY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Surgery.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide surgical recommendations for chronic wrist injuries. The Official Disability Guidelines provide surgical recommendations relative to specific procedures. The treating physician report requested complete medical records for review prior to proceeding with treatment. There is a statement that the patient requires right wrist surgery but no specific procedure was identified. There is insufficient information to render a decision. Therefore, this request for an unknown right wrist surgery is not medically necessary.