

Case Number:	CM13-0043433		
Date Assigned:	12/27/2013	Date of Injury:	10/15/2011
Decision Date:	03/12/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 45-year-old female with date of injury on 10/15/2011. Progress report dated 09/05/2011 by [REDACTED] indicates that the patient's diagnoses include: (1) Carpal tunnel syndrome, (2) De Quervain's tenosynovitis. The patient presents with ongoing pain in the lower back, right wrist, and left knee. The pain radiates into the fingers and the wrist. The patient rates her pain between a 6/10 and 7/10. The patient report that the recent addition of tramadol has given her additional 40% to 60% relief. Exam findings include: Tenderness to palpation in the medial dorsal surface of the right hand. Trigger points palpated in the upper trapezius, mid-trapezius, lower trapezius, and splenius capitis bilaterally. The patient had paresthesias to light touch in digits 1, 2, 3 bilaterally. Request was made for patient to receive tramadol ER 150 mg 1 a day and a functional capacity evaluation was requested. The utilization review letter dated 09/23/2013 issued non-certification of these request.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) functional capacity evaluation (FCE) for the right wrist: 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 ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Functional Capacity Evaluation Section, pages 137 and 139

Decision rationale: The patient continues with persistent pain in the right wrist and low back. There were also complaints of neck and shoulder and muscle tenderness. The treating physician mentioned that there was a recommendation for the patient to be evaluated for the Functional Restoration Program. A functional capacity evaluation was recommended to give the patient a baseline. The California ACOEM Guidelines page 137, 139 regarding the functional capacity evaluation states that the examiner is responsible for determining whether the impairment results in the functional limitations and to inform the examinee and the employer about the examinees abilities and limitations. The employer or claim administrator may request functional capacity evaluations to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels information for such testing is crucial. The California ACOEM further states that there is little scientific evidence confirming that a functional capacity evaluation predicts an individual's actual capacity to perform in the workplace. The treating physician does not provide significant evidence that this patient requires a functional capacity evaluation and the evaluation does not appear to be supported by the guidelines noted above. Therefore, recommendation is for denial.

Tramadol ER 150 mg: Overturned

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 Criteria for Use of Opioids Section Page(s): 78, 81, 88-89 and 93-94.

Decision rationale: The patient continues with significant pain in the low back as well as right wrist. The patient rates her pain between a 6/10 and a 7/10 and reports 40% to 60% relief with medications. Progress report evaluates the patient's activities of daily living which indicates the patient is able to take care of personal hygiene as well as cleaning and cooking as well as driving activities. The patient denies any headaches, dizziness, lightheadedness, nausea, vomiting, stomach pain or constipation. It appears the patient was distracted on the provider's pain agreement contract. The progress report between 03/07/2013 and 09/05/2013 reviewed the treating physician appears to continually evaluate the 4As recommended for ongoing monitoring by MTUS Guidelines. MTUS page 78 regarding ongoing management of opioids recommends ongoing monitoring of the 4As which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. MTUS page 88, 89 regarding long term use of opioids states that pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numeral scale or validated instrument. The records appear to indicate that the patient continues to have significant pain relief from the pain medications prescribed and the patient's ability to function as continually been monitored, which indicates the patient struggles with her activities of daily living but is able to carry out basic functions of ADLs. Treating physician also indicates that the patient is taking care of her young child. Request for

tramadol 150 mg appears to be supported by the guidelines noted above and authorization is recommended.