

Case Number:	CM13-0057412		
Date Assigned:	12/30/2013	Date of Injury:	07/14/2003
Decision Date:	03/27/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/25/2013

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 & 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:

This is a 59 year-old female who was injured on 7/14/03. According to the 11/11/13 initial orthopedic evaluation by [REDACTED], the patient was an assembly worker and developed cumulative trauma to her hands. The diagnostic impressions included CTS, s/p bilateral CTR; DeQuervains, s/p bilateral 1st dorsal compartment releases; trigger finger, s/p A1 pulley releases, right and left thumbs, and middle fingers, and right ring finger; and mononeuritis multiplex. The patient was not recovering as expected and the physician ordered labs and UA. Medication list included gabapentin, tramadol, metformin, simvastatin, losartan and glimepiride. On 11/21/13, CID UR recommended against use of Tramadol, and the UA and labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixty (60) Tramadol 325 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

Decision rationale: The employee presents with bilateral hand/wrist pain and swelling. The employee underwent surgery on 9/17/13, and the surgeon prescribed tramadol for pain and eventually transferred the care to another provider. That other provider first evaluated the employee on 11/11/13, and recommended continuing the medications the employee was on, and UR denied this provider's request. This provider states the pain is mild-to-moderate with use of the medications, but without medications is severe, with profound limitations. The MTUS guidelines provide guidelines on when to discontinue opioids, but none of the criteria to discontinue opioids has been met. The MTUS guidelines state that a satisfactory response may be indicated by the decrease in pain, or improved function or improved quality of life. The employee's pain drops from severe to mild-to-moderate with medications. This appears to be a satisfactory response according to MTUS. The MTUS guidelines do not require weaning or discontinuing medications that are providing a satisfactory response.

Urinalysis with reflex to micro: Overturned

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.

Decision rationale: The employee presents with ongoing pain and swelling and warmth in joints of both hands/wrists. The employee takes medications for diabetes and hypertension. The MTUS/ACOEM guidelines state "A number of patients with hand and wrist complaints will have associated disease such as diabetes, hypothyroidism, Vitamin B complex deficiency and arthritis. When history indicates, testing for these or other comorbid conditions is recommended." The requested UA appears to be in accordance with MTUS/ACOEM guidelines.

Bloodwork labs to include: anti-nuclear antibodies (ANA), CBC and diff, complete metabolic panel, CRP, hemoglobin A1C, rheumatoid factor, sed rate, TSH with reflex T4, and uric acid: Overturned

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.

Decision rationale: The employee presents with ongoing pain and swelling and warmth in joints of both hands/wrists. The employee takes medications for diabetes and hypertension. MTUS/ACOEM guidelines state "A number of patients with hand and wrist complaints will have associated disease such as diabetes, hypothyroidism, Vitamin B complex deficiency and arthritis. When history indicates, testing for these or other comorbid conditions is recommended." The requested blood work/labs appears to be in accordance with MTUS/ACOEM guidelines.

