

Case Number:	CM13-0070757		
Date Assigned:	01/08/2014	Date of Injury:	08/10/2011
Decision Date:	06/05/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 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:

The patient is a [REDACTED] employee who has filed a claim for bilateral carpal tunnel syndrome and bilateral lateral epicondylitis associated with an industrial injury sustained on August 10, 2011. Thus far, the patient has been treated with NSAIDs, Gabapentin, opioids, pain creams, wrist and elbow splints, Biofreeze gel, cold packs, home exercises, physical therapy, left wrist cortisone injection, chiropractic therapy, and occupational therapy, electrical stimulation, yoga, and massage. The patient had left carpal tunnel surgery on June 29, 2013 followed by 24 postoperative physical therapy sessions. A review of the patient's progress notes indicates constant numbness of the lateral two digits of both hands with intermittent numbness along the forearm of both upper extremities to the level of the elbows; there is also bilateral elbow pain. Findings include positive Phalen's test on the left with decreased grip strength and bilateral medial and lateral epicondyle tenderness. Sensation is intact. The patient also suffers from depression and possible bipolar disorder for which she takes medical marijuana, 1-3 pipes per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TRAMADOL 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 79-81.

Decision rationale: As noted on pages 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least August 2012; however, there is no documentation of objective functional benefit derived from this medication. As such, the request is not medically necessary.

100 PROMOLAXIN 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation FDA regulations.

Decision rationale: The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation, for prophylaxis in patients who should not strain during defecation, to evacuate the colon for rectal and bowel examinations, and/or to prevent dry, hard stools. The California MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. In this case, the request for Tramadol has not been authorized. The patient also does not report symptoms of constipation at this time. As such, the request is not medically necessary.

URINE ANALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pages 10, 32-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As stated on page 78 of the Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess for the use or presence of illegal drugs and as part of the ongoing management of continued opioid use. The patient has had two urine drug screens in 2013 due to continued use of Tramadol. However, as the request for Tramadol is not authorized at this time, the request for urine analysis is also not medically necessary.

DICLOFENAC SODIUM ER 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: As stated on page 46 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period of time for patients with moderate to severe pain. Guidelines also state that there is no evidence of long-term effectiveness for pain or function. The patient has been on this medication since at least August 2012. Also, the request as written does not specify a quantity. As such, the request is not medically necessary.