MAXIMUS Federal Services

Case Number:	CM14-0002876		
Date Assigned:	01/29/2014	Date of Injury:	02/01/2011
Decision Date:	08/12/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 29-year-old female who reported injury on 02/01/2011 due to continuous trauma. The injured worker complained of bilateral hand and wrist pain. She stated that she had numbness, pain and loss of mobility bilaterally. There was no pain scale rating in the documentation. Physical examination dated 03/18/2013 revealed the presence of a slight degree of swelling noted on the dorsum of both wrists. There was no redness or ecchymosis. The injured worker had limited range of motion in all fingers in flexion with a slight degree of loss of extension and loss of mobility in both active and passive. The injured worker also had significant limitation of range of motion regarding the wrist in flexion, extension, ulnar and radial deviation. All mobility was accompanied by significant pain. The injured worker had no loss of range of motion in reference to the elbow and demonstrated full pronation and supination of the forearm. Examination of the shoulder revealed limitation in internal rotation of 70 degrees in both shoulders; otherwise, range of motion of the shoulder was normal. Exam of the elbow revealed tenderness on the lateral epicondyle of both elbows. The Tinel was negative at the cubital tunnel. The injured worker has undergone x-rays, MRI, and NCS. Diagnoses included bilateral chronic wrist strain with extensor tenosynovitis, De Quervain's syndrome, bilateral elbow lateral epicondylitis with chronic strain, bilateral shoulder chronic strain with limitation in internal rotation, questionable rheumatologic pathology, and possible neurologic involvement of the median nerves at the carpal tunnels with negative testing. The injured worker has undergone intramuscular injections, physical therapy, chiropractic manipulation, splinting, home exercise program, TENS unit, and medication therapy. Medications include Capsaicin 0.0375%/Menthol 10% LDS 60 G, Gabapentin/Ketoprofen 60 G, and Tramadol/APAP 37.5 mg/325 mg 100 tablets. Treatment plan was for medication, Tramadol 37.5/325 mg 100 tablets and testing, urinalysis. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Tramadol) Page(s): 78,93-94.

Decision rationale: The request for Tramadol 37.5/325mg #100 is not medically necessary. The injured worker complained of bilateral wrist and hand pain. There was measurable pain level documented. The California Treatment Utilization Schedule (MTUS) guidelines state central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. California MTUS guidelines also state that there should be a current pain assessment that should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. As per guidelines, recommendations state that Tramadol is not recommended as a first line oral analgesic. The submitted report lacked any information suggesting that the injured worker had any neuropathic pain. The report also lacked any evidence of effectiveness of the medication. There were no notes suggesting what pain levels were before, during, and after medication. There was no documentation of the 4 A's, to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. A submitted report did include a urinalysis dated 12/09/2013 that revealed that the results were inconsistent with the prescription of Tramadol. Furthermore, the request submitted did not include a frequency and duration for the Tramadol. Given that the documentation submitted for review lacked any evidence, the request for Tramadol 37.5/325 mg 100 tablets is not medically necessary.

Urine analysis: Upheld

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

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

Decision rationale: The request for Urine Analysis is not medically necessary. The injured worker complained of bilateral wrist and hand pain. No measurable pain documented. The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that the use of

urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The submitted report lacked any evidence of issues of abuse, addition, or pain control. The submitted report did have urinalysis dated 12/09/2013, which showed conclusive that the injured worker was taking tramadol. The submitted report lacked any evidence of poor pain control. As such, clinical reasons regarding medical necessity or lack of medical necessity were not documented in submitted report. Request for testing urinalysis is not medically necessary.