

Case Number:	CM14-0101640		
Date Assigned:	09/16/2014	Date of Injury:	05/06/2010
Decision Date:	10/15/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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, has a subspecialty in Pain Management 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 injured worker is a 49-year-old female who sustained work-related injuries on May 6, 2010. Prior treatments include surgery with excision of the left periarterial volar ganglion cyst on January 23, 2012, flexor tenosynovectomy right, carpal tunnel release, and limited internal neurolysis under magnification of median nerve on July 11, 2013 as well as medications, physical therapy, and acupuncture. Electromyography and nerve conduction study of the right upper extremity performed on February 13, 2014 revealed no evidence of ulnar neuropathy, no evidence of cervical radiculopathy, or brachial plexopathy. The most recent progress notes dated May 19, 2014 documents that the injured worker complained of right shoulder pain that was increased with lifting, pushing, pulling, reaching, compression, and loading. Objective examination of the right shoulder noted guarding with tenderness primarily into the anterior subacromial joint, supraspinatus, and acromioclavicular joint with radiation noted on hyperextension. 4/5 weakness was noted on flexion, abduction, and external rotation. The impingement and cross arm test were positive. The range of motion was limited in all planes due to pain with guarding noted. She is diagnosed with (a) left shoulder periscapular and myofascial syndrome, (b) left elbow medial epicondylitis with dynamic cubital tunnel syndrome, (c) status post left wrist ganglion cyst excision, tenosynovectomy, and limited neurolysis, and (d) compensatory right elbow cubital tunnel syndrome from resultant right wrist condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, long-term assessment Page(s): 79-80, 8.

Decision rationale: Chronic Pain Medical Treatment Guidelines indicate that opioids or narcotics are generally not recommended for long-term utilization. However, if it is to be used in the long-term, there should be evidence of a significant decrease in pain levels, significant functional improvements, or if the injured worker has returned to work. In this case there is no indication of a significant functional improvement and there is no evidence that the injured worker was able to return to work. It can be concluded that opioids should be discontinued as there is no indication of an overall improvement in function. Based on these reasons, the medical necessity of the requested Ultram 50 milligrams #120 is not established.