

Case Number:	CM14-0106332		
Date Assigned:	07/30/2014	Date of Injury:	11/20/1997
Decision Date:	09/03/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/09/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in South Dakota. 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 60 year old female with a work related injury on November 20, 1997. The mechanism of injury is undisclosed, however the neck, shoulders and upper extremities were affected. The current diagnosis is rotator cuff syndrome (726.10). The most recent progress note dated March 18, 2014 reveals ongoing complaints of aching pain in the neck, shoulders and hands. The injured worker states Tramadol helps with pain relief. Results of a urine toxicology report dated March 18, 2014 revealed positive for opioids not routinely prescribed. The urine drug screen returned negative for drugs which were prescribed. Prior surgeries include left index finger pulley release and tenosynovectomy, left trigger thumb release, bilateral carpal tunnel releases, and surgical decompression bilateral shoulder. A prior utilization review determination dated June 17, 2014 resulted in non-certification for trigger point injection into the right long finger, urinalysis drug screening, eight occupational therapy sessions, Tramadol, Zolpidem, and a hand specialist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection into the right long finger.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: Per MTUS, trigger point injections are recommended only for myofascial pain syndrome. There is no documentation of trigger points in the finger that would be consistent with myofascial pain syndrome. Therefore, trigger point injection into the right long finger is not medically necessary and appropriate.

One urinalysis drug screening.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Regarding Random Urine Toxicology Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence and addiction Page(s): 85.

Decision rationale: There is no indication in the records that the claimant has issues of abuse such as early refill requests, reports of lost or stolen prescriptions or frequent visits to the emergency department. Therefore, one urinalysis drug screening is not medically necessary and appropriate.

Eight occupational therapy sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines:Regarding Physical /Occupational Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines:Forearm, Wrist and Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The claimant has had numerous therapy treatments in the past for the same complaints. MTUS suggests active therapy with a fading treatment frequency with a transition to a self-directed home therapy program. The claimant appears to have had no meaningful benefit from the previous therapy and there is nothing in the records that would suggest a different outcome for the requested therapy. Therefore, eight occupational therapy sessions is not medically necessary and appropriate.

Tramadol 37.5/325mg.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines:Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84.

Decision rationale: Tramadol is recommended for short term use for moderate to severe pain. Symptom relief was seen for up to three months. There are no long term studies to allow for recommendations for longer than three months. The claimant has been using Tramadol for an extended period with no apparent improvement in function. Therefore, Tramadol 37.5/325mg. is not medically necessary and appropriate.

Request for 30 Zolpidem 10mg.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem.

Decision rationale: MTUS does not specifically address Zolpidem in chronic pain. ODG states Zolpidem is approved for short term treatment of insomnia, usually for two to six weeks. The claimant has exceeded the suggested treatment duration with this medication. Therefore, the request for 30 Zolpidem 10 mg is not medically necessary.

One hand specialist consultation.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

Decision rationale: The claimant exhibits no red flags for serious disease. Additionally, the claimant has already had surgical procedures which have not improved the claimants function and there is no currently documented lesion that would be expected to benefit from surgical intervention. Therefore, one hand specialist consultation is not medically necessary and appropriate.