

<b>Case Number:</b>	CM14-0134815		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	05/31/2002
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 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 53 year old male who sustained an industrial injury on 5/31/2002, to the right hand. He has undergone extensive surgeries to the right hand/wrist, lastly total wrist arthroplasty on 10/25/2006. Conservative care has included cortisone injections, nerve blocks, and medications. The patient had a psychiatric follow up on 7/2/2014. The biggest problem is he is frustrated with getting his medications on time. On the medication, his anxiety and irritability is controlled. On more than half of the days, he has trouble sleeping. He feels depress or hopeless and "little interest in doing things". He has trouble relaxing and is easily annoyed. Objectively, his mood is good, affect and appropriate, speech is relevant and coherent. He denies any suicidal or homicidal ideation, and no psychotic symptoms reported. He is alert and oriented x 4, cognitive functions within normal limits. An assessment shows chronic recurrent major depressive disorder; PTSD. Cognitive behavioral therapy performed focus' on positive thinking. He is prescribed Zoloft 150 mg daily, RTC 6 weeks or as needed basis. The patient recently had an orthopedic PTP follow-up evaluation on 8/7/2014. The PR-2 lists 18 diagnoses, including requests for additional hand surgeries. His complaints are burning sensation in the right hand, pinching sensations in the right wrist/forearm of the palmar aspect, tissue mass in the right palm, mass gets larger with more activities, and difficulty with closing the right fingers due to pain. Physical examination as reported remains unchanged. Recommendations include looking for results of MRI and second opinion, and awaiting results for FCE, authorization for surgery, and access to the medical records from AME and second opinion. Medications are cyclobenzaprine, diclofenac, omeprazole, and tramadol ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Functional Capacity Examination: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) General Approach to Initial Assessment and Documentation page(s) 21; Cornerstones of Disability Prevention and Management, page 81.

**Decision rationale:** CA MTUS ACOEM - "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." ODG: Functional Capacity Evaluation - Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. Consider an FCE if 1) Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. The purpose and medical necessity of an FCE is not clear in this case. The medical records do not reveal any failed return to work attempts, document conflicting medical reporting on precautions or fitness to perform modified job duties, or indicate he has injuries that required detailed exploration of his abilities. In addition, additional treatments with further surgical interventions and additional imaging studies have been requested. The medical records do not reflect that this patient is considered at/near MMI at this time. There is no evidence that the patient is a candidate for a work hardening program. The medical necessity of an FCE has not been established. The request is not medically necessary.

**Prescription of Tramadol ER 150mg #30 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, Page(s): page(s) 113, 74-96.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The guidelines state continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of

life. The re-evaluation progress reports do not include quantified pain level nor clinical examination findings. The subjective complaints are unchanged and do not appear to support the need for this opiate nor provide any indication that ongoing use of Tramadol ER has been of notable benefit. The presence of moderate to severe pain has not been established. Consequently, in absence of supportive documentation, the medical necessity of the request for Tramadol ER had not been established in accordance with the guidelines. The request is not medically necessary.