

Case Number:	CM14-0137695		
Date Assigned:	09/05/2014	Date of Injury:	04/15/2013
Decision Date:	10/31/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 52-year-old female who reported a repetitive strain injury on 04/15/2013. The current diagnoses include chronic tenosynovitis of the bilateral wrist, bilateral de Quervain's tenosynovitis, arthritis of the 1st metacarpophalangeal joint, status post surgery for left carpal tunnel syndrome on 06/17/2014, and status post surgery for right carpal tunnel syndrome in 1996 with residual mild right carpal tunnel syndrome. The injured worker was evaluated on 06/24/2014 with complaints of constant pain in the bilateral wrists. Previous conservative treatment is noted to include medications and injections. Physical examination revealed limited flexion and extension, positive Tinel's testing on the right, positive Finkelstein's testing bilaterally, decreased sensation to light touch and pinprick in the bilateral hands, and diminished grip strength. Treatment recommendations included continuation of the current medication regimen and a urine drug screen. There was no Request For Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol HCL ER 150mg Daily #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80,93,94,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 03/2014. There is no documentation of objective functional improvement. Therefore, the current request is not medically necessary.

Retro Naproxen 550mg Every 8 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs ,Back Pain Page(s): 67,68,73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72..

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There is no documentation of an acute exacerbation of chronic pain. The injured worker has continuously utilized this medication since 03/2014. There is no documentation of objective functional improvement. California MTUS Guidelines do not recommend long term use of NSAIDs. As such, the request is not medically necessary.