

Case Number:	CM14-0158424		
Date Assigned:	10/02/2014	Date of Injury:	05/06/2011
Decision Date:	10/28/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/26/2014

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 and Rehabilitation 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:

This 60 year-old patient sustained an injury on 5/6/11 while employed by [REDACTED]. Request(s) under consideration include Tramadol 50mg #30, Nortriptyline 10mg #60, and Wrist splints. Diagnoses include Hand joint pain s/p bilateral carpal tunnel releases. [REDACTED] has included medications, physical therapy, and modified activities/rest. Report of 7/29/14 from the provider noted the patient had right CTR in March 2012 and left CTR in April 2012; symptoms of carpal tunnel have resolved; however, has intermittent pain and numbness in ulnar two fingers of left hand radiating down from elbow and along ulnar side of left forearm. The patient takes Celebrex modestly effective for pain symptoms. There is past medical history of diabetes and hypertension. Medications list Lisinopril, Tramadol, Celebrex, and Metformin. Exam showed both hands with visible incisions in palms; intact sensation in median ulnar and radial nerve distribution in both hands; slightly positive grind test at both thumb CMC joints; negative Finkelstein's and nontender with full painless range; negative Phalen's and Tinel's at both wrists, mildly positive Tinel's at left cubital tunnel without gross weakness of extrinsic or intrinsic muscles to either hand; cervical spine with negative Spurling's and no local or referred pain; 5/5 motor strength with intact sensation in upper extremities. Diagnoses include C5-6 degenerative disc disease; cervical radiculopathy left upper extremity; rule out cubital tunnel syndrome, left; early OA bilateral thumb CMC joint; and s/p bilateral CTR. Treatment include repeat electrodiagnostic in both upper extremities, OT, and medications. Report of 8/22/14 from the provider noted the patient having undergone carpal tunnel release to each upper extremity performed in 2012. The patient has chronic ongoing symptoms of numbness in bilateral upper extremities. Exam has no specific findings. The patient continued with work restrictions. The request(s) for Tramadol 50mg #30, Nortriptyline 10mg #60, and Wrist splints were non-certified on 9/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management- Actions Should Include Page(s): 74-96.

Decision rationale: This 60 year-old patient sustained an injury on 5/6/11 while employed by [REDACTED]. Request(s) under consideration include Tramadol 50mg #30, Nortriptyline 10mg #60, and Wrist splints. Diagnoses include Hand joint pain s/p bilateral carpal tunnel releases. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 7/29/14 from the provider noted the patient had right CTR in March 2012 and left CTR in April 2012; symptoms of carpal tunnel have resolved; however, has intermittent pain and numbness in ulnar two fingers of left hand radiating down from elbow and along ulnar side of left forearm. The patient takes Celebrex modestly effective for pain symptoms. There is past medical history of diabetes and hypertension. Medications list Lisinopril, Tramadol, Celebrex, and Metformin. Exam showed both hands with visible incisions in palms; intact sensation in median ulnar and radial nerve distribution in both hands; slightly positive grind test at both thumb CMC joints; negative Finkelstein's and nontender with full painless range; negative Phalen's and Tinel's at both wrists, mildly positive Tinel's at left cubital tunnel without gross weakness of extrinsic or intrinsic muscles to either hand; cervical spine with negative Spurling's and no local or referred pain; 5/5 motor strength with intact sensation in upper extremities. Diagnoses include C5-6 degenerative disc disease; cervical radiculopathy left upper extremity; rule out cubital tunnel syndrome, left; early OA bilateral thumb CMC joint; and s/p bilateral CTR. Treatment included repeat electrodiagnostic in both upper extremities, OT, and medications. Report of 8/22/14 from the provider noted the patient having undergone carpal tunnel release to each upper extremity performed in 2012. The patient has chronic ongoing symptoms of numbness in bilateral upper extremities. Exam has no specific findings. The patient continued with work restrictions. The request(s) for Tramadol 50mg #30, Nortriptyline 10mg #60, and Wrist splints were non-certified on 9/11/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Tramadol 50mg #30 is not medically necessary.

Nortriptyline 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-16.

Decision rationale: This 60 year-old patient sustained an injury on 5/6/11 while employed by [REDACTED]. Request(s) under consideration include Tramadol 50mg #30, Nortriptyline 10mg #60, and Wrist splints. Diagnoses include Hand joint pain s/p bilateral carpal tunnel releases. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 7/29/14 from the provider noted the patient had right CTR in March 2012 and left CTR in April 2012; symptoms of carpal tunnel have resolved; however, has intermittent pain and numbness in ulnar two fingers of left hand radiating down from elbow and along ulnar side of left forearm. The patient takes Celebrex modestly effective for pain symptoms. There is past medical history of diabetes and hypertension. Medications list Lisinopril, Tramadol, Celebrex, and Metformin. Exam showed both hands with visible incisions in palms; intact sensation in median ulnar and radial nerve distribution in both hands; slightly positive grind test at both thumb CMC joints; negative Finkelstein's and nontender with full painless range; negative Phalen's and Tinel's at both wrists, mildly positive Tinel's at left cubital tunnel without gross weakness of extrinsic or intrinsic muscles to either hand; cervical spine with negative Spurling's and no local or referred pain; 5/5 motor strength with intact sensation in upper extremities. Diagnoses include C5-6 degenerative disc disease; cervical radiculopathy left upper extremity; rule out cubital tunnel syndrome, left; early OA bilateral thumb CMC joint; and s/p bilateral CTR. Treatment include repeat electrodiagnostic in both upper extremities, OT, and medications. Report of 8/22/14 from the provider noted the patient having undergone carpal tunnel release to each upper extremity performed in 2012. The patient has chronic ongoing symptoms of numbness in bilateral upper extremities. Exam has no specific findings. The patient continued with work restrictions. The request(s) for Tramadol 50mg #30, Nortriptyline 10mg #60, and Wrist splints were non-certified on 9/11/14. Per Guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment; however, submitted reports have not demonstrated the medical indication or functional improvement from treatment already rendered with chronic pain complaints. Report has noted the patient with ongoing symptoms complaints without specific functional benefit derived from treatment rendered. The Nortriptyline 10mg #60 is not medically necessary and appropriate.

Wrist splints: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Forearm-Wrist-Hand, Splints, page: 177-178; Carpal Tunnel Syndrome, Splinting, pages 95-96

Decision rationale: This 60 year-old patient sustained an injury on 5/6/11 while employed by [REDACTED]. Request(s) under consideration include Tramadol 50mg #30, Nortriptyline 10mg #60, and Wrist splints. Diagnoses include Hand joint pain s/p bilateral carpal tunnel releases. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 7/29/14 from the provider noted the patient had right CTR in March 2012 and left CTR in April 2012; symptoms of carpal tunnel have resolved; however, has intermittent pain and numbness in ulnar two fingers of left hand radiating down from elbow and along ulnar side of left forearm. The patient takes Celebrex modestly effective for pain symptoms. There is past medical history of diabetes and hypertension. Medications list Lisinopril, Tramadol, Celebrex, and Metformin. Exam showed both hands with visible incisions in palms; intact sensation in median ulnar and radial nerve distribution in both hands; slightly positive grind test at both thumb CMC joints; negative Finkelstein's and nontender with full painless range; negative Phalen's and Tinel's at both wrists, mildly positive Tinel's at left cubital tunnel without gross weakness of extrinsic or intrinsic muscles to either hand; cervical spine with negative Spurling's and no local or referred pain; 5/5 motor strength with intact sensation in upper extremities. Diagnoses include C5-6 degenerative disc disease; cervical radiculopathy left upper extremity; rule out cubital tunnel syndrome, left; early OA bilateral thumb CMC joint; and s/p bilateral CTR. Treatment included repeat electrodiagnostic in both upper extremities, OT, and medications. Report of 8/22/14 from the provider noted the patient having undergone carpal tunnel release to each upper extremity performed in 2012. The patient has chronic ongoing symptoms of numbness in bilateral upper extremities. Exam has no specific findings. The patient continued with work restrictions. The request(s) for Tramadol 50mg #30, Nortriptyline 10mg #60, and Wrist splints were non-certified on 9/11/14. ACOEM and ODG recommend the use of splinting/bracing as a treatment option for diagnoses of carpal tunnel syndrome to provide symptomatic relief with statistical evidence of predicted efficacy for duration of symptoms over 10 months, constant paresthesia, positive Phalen's less than 30 seconds, flexor tenosynovitis, and over age 50. Submitted reports have adequately demonstrated the medical necessity for treatment with the wrist splint with clearly documented clinical presentation and limitations to support for this DME. The patient exhibited negative provocative testing of Phalen's without neurological deficits. The Wrist splints are medically necessary and appropriate.