

Case Number:	CM14-0174003		
Date Assigned:	10/27/2014	Date of Injury:	11/30/2002
Decision Date:	12/04/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/22/2014

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 Occupational 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 injured worker is a 66-year-old male who sustained an injury on November 20, 2002. He is diagnosed with (a) status post ulnar nerve transfer, right, dated April 19, 2005; (b) right lateral epicondylitis, status post open exploration and excision of scar tissue with repair of right extensor carpi radialis longus and brevis muscles and excision of lateral epicondylar osteophyte dated September 19, 2003; (c) status post right carpal and ulnar tunnel release; (d) right cubital tunnel syndrome with muscular atrophy; (e) bilateral carpal tunnel syndrome with left Guyton's canal syndrome; (f) torn triangular fibrocartilage complex; (g) status post arthroscopy of the right wrist dated November 11, 2008; and (h) rule out reflex sympathetic dystrophy. He was seen for an evaluation on August 6, 2014. He complained of intermittent slight to moderate right arm, right wrist, and hand pain, left wrist, hand, and left shoulder pain. Medication was reported to be helping. An examination of the right upper extremity revealed decreased range of motion. There was tenderness noted over the area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective genetic testing for prescription drug metabolism. DOS 08/06/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Genetic Testing for Potential Opioid Abuse

Decision rationale: The request for genetic testing for prescription drug metabolism and assessment is not medically necessary at this time. Medical necessity was not established based on the reviewed medical records. More so, guidelines do not recommend genetic testing as current research is unproven in terms of testing for this.

Retrospective Tramadol 50mg #60 DOS 8/6/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Criteria for Use page(s) 76-77.

Decision rationale: The request for Tramadol 50 mg #60 is not medically necessary at this time. Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. The clinical case of the injured worker has satisfied neither of these conditions. While the injured worker reported that medications helped, there were no significant objective findings or decreased pain scores through visual analogue scale to warrant the need for Tramadol 50 mg #60.