

Case Number:	CM14-0192167		
Date Assigned:	11/25/2014	Date of Injury:	07/29/2011
Decision Date:	01/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 07/29/2011. The mechanism of injury was listed as a fall. The injured worker's surgical history includes an open reduction and internal fixation of the right distal radius on 08/23/2011. Additional surgical history includes a TFCC repair on 08/15/2013, a placement of external fixator in 07/2007, and a right carpal tunnel release with ulnar shortening osteotomy in 08/2013. Diagnostic studies include an official EMG/NCS of the bilateral upper extremities completed on 03/17/2014, read by [REDACTED], and documented an abnormal study that indicated right ulnar nerve neuropathy. Current medications include Voltaren, Protonix, Ultram, and Norco. Other therapies included physical therapy and home based exercise programs. The clinical visit on 10/09/2014 documented that the injured worker was complaining of right arm pain that had improving symptoms, but reported persistent weakness in the hand. The physical exam noted little, if any, soft tissue swelling over the palmar surface of the right wrist with surgical scars healed adequately. There was some tenderness reported with attenuation and grip strength noted on the right side versus the left. Sensation in all digits of the left hand was noted to be improved from the preoperative physical exams. The rationale for the request for Ultram at this time is for pain relief and was prescribed at 150 mg, 1 tablet daily, as needed. A Request for Authorization was provided in the submitted medical records, dated 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg 1 tablet daily may increase to 2 tablets daily as needed #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Ultram ER 150 mg 1 tablet daily is not medically necessary. The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. Within the submitted medical records, the injured worker was noted to have ongoing opioid usage with no documentation in regards to efficacy of the medication that includes pain assessments with proper VAS scales and increases in objective functional gains as a result of utilizing the medication. Moreover, there was no documentation of proper urine drug screens or interviews during clinical visits to assess for aberrant or nonadherent drug related behaviors. Without further documentation to address the aforementioned deficiencies outlined in the review, the request at this time is not supported by the guidelines. As such, the request is not medically necessary.