

Case Number:	CM14-0024188		
Date Assigned:	06/11/2014	Date of Injury:	01/02/2012
Decision Date:	07/15/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/26/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 46 year old female who had a work injury dated 1/22/12. The coverage is for the neck, mid back, with the neck with associated headaches, and also both elbows, wrists, and hands. The current diagnoses are: Bilateral lateral epicondylitis; left mild ulnar carpi ulnaris tenosynovitis, bilateral carpal tunnel syndrome; axial neck pain due to cervical strain and headaches (MRI shows protrusion at C3-C4, especially C4-C5 and some at C5-C6.) EMGs have shown radiculopathy along C6-C7 on the left; Intersection syndrome bilaterally, thoracic disc protrusion noted at T12-L1, L1-L-2 and L,2-L3, weight gain of 10 pounds, and sleep disorder. Treatment has included medication management, physical therapy, and chiropractic care. There is a request for the medical necessity of Ultram and Flexeril. There is a progress note dated 1/15/14 that states that the patient is complaining of constant pain in the forearm at 3/10. Lately, sensation of numbness has increased in both fingers. She also admits to having spasm in the neck sometimes. She does use wrist braces which help with pain as well as providing support. She is able to lift a gallon of milk with both hands. She complains of experiencing more pain with fine motor skills. Neck pain also radiates to the head resulting in headaches. He is currently not working. The patient is able to do sweeping and light clearing; however, she always experiences more pain for the next couple of days. She is able to do self-care for herself as well. She received the following medications including Ultram 50 rag (#60) for pain as needed and Flexeril 7.5 rag (#60) for muscle spasm. A 6/6/14 office visit states that the patient is recently status post carpal tunnel release in April. She is doing quite well. She states the numbness has completely resolved; however, she has some shooting and tingling pain to the palm of the hand as well as some pain where the incision is. She has been doing some massage and been approved for 12 sessions of physical therapy. However, for her right hand, she is having quite a bit of pain. She states that it

is very bothersome. She has difficulty with fine motor type skills, grabbing, and grasping. It was apparently denied based on the fact that the EMG shows mild-to-moderate carpal tunnel, however, at this point this is going on over two years. The patient is currently off work for left carpal tunnel release surgery and recovery. The carpal tunnel is very painful and bothersome to the patient and is required her taking medications. She asked for pain medication today. There is a request for authorization of the right carpal tunnel release. She received prescription for Norco 10/325 mg (#60) for moderate-to-severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50 MG TABLETS # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266, Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome -Medications.

Decision rationale: Ultram 50mg tablets # 60 is not medically necessary per the ODG, MTUS and ACOEM guidelines. Per documentation prior utilization reviews stated that there should be an attempt at weaning/tapering, and an updated and signed pain contract between the provider and patient as well as ongoing efficacy with medication use. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. There is no updated pain contract. There is no documentation of appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the medication has improved the patient's pain or functioning to a significant degree. The ODG and the ACOEM additionally do not recommend opioids for carpal tunnels syndrome pain. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function or pain. The request for Ultram 50mg tablets # 60 is not medically necessary.

FLEXERIL 7.5 MG TABLETS, # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) ; Antispasmodics Page(s): 41-42; 6.

Decision rationale: Flexeril 7.5mg tablets quantity 60 is not medically necessary per the MTUS guidelines. Per the MTUS Chronic Pain Medical Treatment Guidelines this medication is not

recommended to be used for longer than 2-3 weeks. From the documentation submitted patient has been on this medication much longer than the 2-3 week recommended period and therefore continued use is not medically necessary.