

Case Number:	CM14-0031069		
Date Assigned:	06/20/2014	Date of Injury:	01/11/2006
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 was reportedly injured on January 11, 2006. The mechanism of injury was noted as a repetitive trauma situation. The most recent progress note dated February 18, 2014, indicated there were ongoing complaints of neck pain, right shoulder pain, elbow pain and left wrist pain. The physical examination demonstrated tenderness over the 3rd digit of the left hand and lateral epicondyles of the right elbow. Diagnostic imaging studies were not presented for review. Previous treatment included surgical release of a left 3rd finger stenosing tenosynovitis and a bilateral de Quervain's tenosynovitis and bilateral carpal tunnel syndrome. A request had been made for APAP/codeine, meloxicam & tramadol and was not certified in the pre-authorization process on February 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of APAP/Codeine 300/30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Opioids, California Controlled Substance Utilization Review and Evaluation Systems (CURES).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages, 75-78. Page(s): 75-78 OF 127.

Decision rationale: This individual sustained a cumulative trauma injury, resulting in a stenosing tenosynovitis and carpal tunnel syndrome. These were surgically reduced several years ago. There are ongoing complaints of pain. The progress notes also note significant comorbidities of severe obesity and diabetes. Elevated triglycerides were also noted. When noting the date of injury, the injury sustained, the surgical intervention and no significant findings on physical examination to objectify a specific pain generator, there is not enough clinical evidence presented to support this request. Accordingly, this is not medically necessary. In addition, there is no reference to an opioid contract, appropriate periodic urine drug screening or objectification of any efficacy or utility with the medications being employed. Therefore, the request is not medically necessary.

200 tablets of Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 82-113. Page(s): 82, 113 OF 127.

Decision rationale: This is a synthetic opioid analgesic. This individual sustained a cumulative trauma injury, resulting in a stenosing tenosynovitis and carpal tunnel syndrome. These were surgically reduced several years ago. There are ongoing complaints of pain. The progress notes also note significant comorbidities of severe obesity and diabetes. Elevated triglycerides were also noted. When noting the date of injury, the injury sustained, the surgical intervention and no significant findings on physical examination to objectify a specific pain generator, there is not enough clinical evidence presented to support this request. Accordingly, this is not medically necessary. In addition, there is no reference to an opioid contract, appropriate periodic urine drug screening, or objectification of any efficacy or utility with the medications being employed. Therefore, this request is not medically necessary.