

Case Number:	CM14-0041932		
Date Assigned:	06/30/2014	Date of Injury:	11/08/2005
Decision Date:	08/19/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 & 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:

The patient is a 59-year-old female who has submitted a claim for carpal tunnel syndrome s/p bilateral carpal tunnel release, right trigger thumb s/p surgical release, and left thumb arthritis s/p fusion surgery associated with an industrial injury date of November 8, 2005. Medical records from 2013 were reviewed. The patient complained of bilateral upper extremity pain rated 4-7/10 associated with repetitive activities. Physical examination showed full ROM and good upper extremity strength. The diagnoses were carpal tunnel syndrome s/p left carpal tunnel release (May 4, 2006) and right carpal tunnel release (July 13, 2006), right trigger thumb s/p surgical release (January 11, 2007), and left thumb arthritis s/p fusion surgery. Current pain medications include Tramadol, Lyrica, and Naprosyn. Urine toxicology screen performed on December 16, 2013 showed inconsistency with prescribed medications as Tramadol was not detected. Treatment plan includes a request for refill of pain medications. Treatment to date has included oral analgesics, bilateral carpal tunnel release, right trigger thumb release, and left thumb fusion surgery. Utilization review from March 24, 2014 denied the requests for tramadol HCL 50mg tablet SIG: one tablet by mouth twice daily as needed for pain; Lyrica 75mg Capsule SIG: one tablet each morning and two each evening before sleep; and Naprosyn 500 mg tablet SIG: take one tablet by mouth twice daily as needed for pain, take with food or milk. The reasons for denial were not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg tablet SIG: one tablet by mouth twice daily as needed for pain.:
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: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the exact initial date of Tramadol intake was not mentioned. It is unclear whether the patient has been on chronic use of this medication considering the duration of injury. The patient's response to the medication was also not discussed. The medical records do not clearly reflect continued functional benefit from its use. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, urine drug screen performed on December 16, 2013 showed inconsistent findings which may indicate aberrant drug-taking behavior. Quantity to be dispensed is likewise not specified. Therefore, the request for Tramadol HCL 50mg tablet SIG: one tablet by mouth twice daily as needed for pain is not medically necessary.

Lyrice 75mg Capsule SIG: one tablet each morning and two each evening before sleep.:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin (Lyrice, no generic available) Page(s): 16-20.

Decision rationale: According to pages 16-20 of CA MTUS Chronic Pain Medical Treatment Guidelines, pregabalin is recommended for neuropathic pain, and is a first-line drug for diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia. This medication is a Schedule V controlled substance because of its causal relationship with euphoria. In this case, the exact initial date of Lyrice intake was not mentioned. It is unclear whether the patient has been on chronic use of this medication considering the duration of injury. The patient's response to the medication was also not discussed. The medical records do not clearly reflect continued functional benefit from its use. There is no clear indication for continued use of this medication. The medical necessity has not been established. Quantity to be dispensed is likewise not specified. Therefore, the request for Lyrice 75mg Capsule SIG: one tablet each morning and two each evening before sleep is not medically necessary.

Naprosyn 500 mg tablet SIG: take one tablet by mouth twice daily as needed for pain, take with food or milk: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. In this case, the exact initial date of Naprosyn intake was not mentioned. It is unclear whether the patient has been on chronic use of this medication considering the duration of injury. The patient's response to the medication was also not discussed. The medical records do not clearly reflect continued functional benefit from its use. Additional information is required to support the continued use of this medication. Quantity to be dispensed is likewise not specified. Therefore, the request for Naprosyn 500 mg tablet SIG: take one tablet by mouth twice daily as needed for pain, take with food or milk is not medically necessary.