

<b>Case Number:</b>	CM14-0048352		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/13/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of October 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and an elbow brace. In a Utilization Review Report dated March 18, 2014, the claims administrator apparently denied PRP injection at the left TFCC repair site. Non-MTUS ODG guidelines were cited in the denial. Tramadol and hydrocodone were also apparently denied on the grounds that the attending provider did not furnish commentary as to whether or not the applicant had used these medications in the past, what these amounts and doses were, and/or whether the applicant was responding favorably to the same. The applicant's attorney subsequently appealed. A March 5, 2014 progress note was sparse, notable for comments that the applicant reported persistent complaints of elbow and wrist pain. The applicant was given a Heelbo brace for the left elbow. A PRP injection at the left TFCC repair site was sought. Tramadol, hydrocodone, and gabapentin were also endorsed while the applicant was placed off of work, on total temporary disability. The attending provider suggested that the applicant had had a recent left TFCC repair and carpal tunnel release surgery one month prior. The applicant was using Vicodin, Medrol, Naprosyn, and Zofran, it was acknowledged. Swelling was noted about the left wrist with mild atrophy about the medial forearm. The applicant had a BMI of 20. The applicant was asked to continue an Ace wrap. In an earlier note of February 3, 2014, it was stated that the applicant return to modified duty work between February 3, 2014 and February 4, 2014 and remain off of work, on total temporary disability, beginning February 5, 2014, the date of wrist arthroscopy and carpal tunnel release surgery. It was stated that the applicant was given tramadol and Vicodin for postoperative pain relief purposes. The operative report of February 5, 2014 was

reviewed. The applicant apparently underwent a left ulnar nerve transposition procedure, left open carpal tunnel release surgery, and a left wrist TFCC repair surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Injection PRP- Left TFCC Repair Site at next visit in 4 weeks, left elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Forearm, wrist and Hand Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. ODG Forearm, Hand, and Wrist Chapter, Platelet Rich Plasma topic.2. Oxford Handbook of Sport and Exercise Medicine, Edited by Domhnall MacAuley, Chapter 19, "Wrist and Hand," page 542: "The use of autologous or platelet rich plasma injections has not been studied in tendinopathies around the wrist joint.".

**Decision rationale:** The MTUS does not address the topic of platelet rich plasma injections for the hand, wrist, and/or forearm, the site at issue here. As noted in the ODG Hand, Wrist, and Forearm Chapter, platelet rich plasma injections are not recommended for the hand, wrist, and/or forearm on the grounds that there are no published studies for the same. Similarly, the textbook Oxford Handbook of Sport and Exercise Medicine notes that the use of platelet rich plasma injections has not been studied in tendinopathies around the wrist joint. In this case, the attending provider has not furnished any compelling applicant-specific information, narrative commentary, rationale, or medical evidence which would offset the unfavorable textbook and ODG recommendations. It is not clearly stated what the operating diagnosis is here and/or why a platelet rich plasma injection was needed so soon after the applicant's carpal tunnel release and triangular fibrocartilage repair surgery. Therefore, the request for an injection PRP- left TFCC repair site at next visit in four weeks, left elbow, is not medically necessary or appropriate.

#### **Tramadol (quantity and strength not specified): Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS 9792.23.b2.2. MTUS page 94, Tramadol section Page(s): 94.

**Decision rationale:** The applicant was approximately four to six weeks removed from the date of recent hand and wrist surgery as of the date of the Utilization Review Report of March 18, 2014 and four months removed from the date of hand and wrist surgery as of the date of the request, March 5, 2014. According to the Chronic Pain Medical Treatment Guidelines, tramadol is indicated for moderate-to-severe pain. In this case, the applicant underwent several surgical procedures involving the wrist and elbow, including the ulnar nerve transpositions, carpal tunnel release surgery, and a triangular fibrocartilage repair surgery. The applicant could reasonably or

possibly have been expected to have postoperative moderate-to-severe pain concerns which would have warranted use of tramadol on or around the date in question. Therefore, the request for Tramadol is medically necessary and appropriate.

**Hydrocodone (quantity and strength not specified):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS 9792.23.b2.2. MTUS page 91, Hydrocodone-Acetaminophen section Page(s): 91.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, hydrocodone (Norco) is indicated in the treatment of moderate to moderately severe pain. In this case, the applicant could reasonably have been expected to have moderate to moderately severe pain on or around the date of the request, March 5, 2014, and on or around the date of the Utilization Review Report, March 18, 2014, following recent wrist and forearm surgeries on February 5, 2014. Usage of hydrocodone in the postoperative context was indicated. While the claims administrator did not furnish the amount and quantity, the attending provider stated that he was providing hydrocodone-acetaminophen 5/500 mg #60 on the progress note of March 5, 2014. This was indicated, given the applicant's postoperative pain concerns on or around the date in question. Therefore, the request for Hydrocodone is medically necessary and appropriate.