

Case Number:	CM14-0059877		
Date Assigned:	07/09/2014	Date of Injury:	04/20/2010
Decision Date:	08/21/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/30/2014

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 April 28, 2010. The applicant has been treated with the following: Analgesic medications; attorney representation; earlier carpal tunnel release surgery; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 4, 2014, the claims administrator apparently approved a request for omeprazole while denying request for naproxen and tramadol. Official Disability Guidelines (ODG) Guidelines were cited to approve omeprazole, it is incidentally noted. The applicant's attorney subsequently appealed. An October 29, 2013 progress note is notable for comments that the applicant was status post carpal tunnel release surgery on August 14, 2013. Naproxen, Omeprazole, and Tramadol were renewed while the applicant was placed off of work, on total disability. Additional physical therapy was sought. The applicant was asked to consider a left carpal tunnel release surgery. On November 22, 2013, the applicant was asked to pursue a left carpal tunnel release surgery. Naproxen, Tramadol, and Cleocin were prescribed. The applicant was placed off of work, on total disability. On March 12, 2014, the applicant again presented with persistent bilateral shoulder and wrist pain, 4-5/10. The applicant stated that she was benefitting from therapy. The applicant was given refills of Naprosyn, Omeprazole, and Tramadol. A rather proscriptive 5-pound lifting limitation was endorsed. There was no mention or discussion of medication efficacy on this progress note. It did not appear that the applicant was working with the 5-pound lifting limitation in place. On June 5, 2014, the same, quite proscriptive 5-pound lifting limitation was endorsed. The applicant presented with 5-7/10 multifocal wrist and shoulder pain. No medications were refilled on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg; 1 tab TID PRN #90 Refills: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work with a rather proscriptive 5-pound lifting limitation in place. There is no mention of any reductions in pain and/or improvements in function achieved as a result of ongoing Tramadol usage. Rather, the applicant continues to report pain in the 6-7/10 range, despite the same. The attending provider has not recounted how (or if) Tramadol has been beneficial here. Therefore, the request is not medically necessary. Therefore, the request is not medically necessary.

Naproxen Sodium 550mg; 1 tab BID PRN #60 Refills: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS Chronic Medical Treatment Guidelines, page 22, Anti-inflammatory Medications topic.2. MTUS Chronic Medical Treatment Guidelines, page 7.3. MTUS 9792.20f Page(s): 22, 7.

Decision rationale: While page 22 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic multifocal pain syndrome reportedly present here, this recommendation is qualified by commentary on page of the MTUS Chronic Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, no such discussion of medication efficacy has been incorporated into the progress note. The applicant continues to report pain complaints, seemingly unchanged to slightly worsened, from visit to visit. The applicant does not appear to have returned to work. The applicant remains reliant on other agents such as Tramadol and physical modalities. All of the above, taken together, imply lack of functional improvement as defined in MTUS despite ongoing usage of Naproxen. Therefore, the request is not medically necessary.

