

<b>Case Number:</b>	CM14-0062829		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review, indicate that this 49-year-old female was reportedly injured on 9/26/2013. The mechanism of injury is undisclosed. The most recent progress note, dated 4/7/2014, indicated that there were ongoing complaints of left wrist pain. The physical examination demonstrated left wrist positive tenderness to palpation at the left wrist dorsal aspect. There was also pain with extension against resistance. Affect was consistent with anxiety. MRI of the left wrist, dated 3/21/2014, revealed possible triangular fibrocartilage complex (TFCC) tear, a repaired laceration at the first and second extensor compartment, and mild second compartment tenosynovitis. Previous treatment included left wrist surgery, medications, and conservative treatment. A request was made for Hydrocodone 7.5/650 milligrams quantity sixty, Tramadol extended release (ER) 150 milligrams quantity sixty, psychological evaluation and was not certified in the preauthorization process on 4/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 7.5/650mg #60 with no refills:** 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 Page(s): 74-78,88,91 of 127.

**Decision rationale:** Hydrocodone/acetaminophen is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic left wrist pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

**Tramadol ER 150mg #60 with no refills:** 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 Page(s): 82,113 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of tramadol (Ultram) for short term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review, of the available medical records, fails to document any improvement in function or pain level with the previous use of tramadol. As such, the request for Tramadol ER 150mg #60 with no refills is not medically necessary and appropriate.

**Psychological evaluation with follow up as initiated:** 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 Page(s): 100-102 of 127.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines support psychological evaluations for chronic pain to help determine if further psychosocial interventions are indicated to allow for more effective rehabilitation. Review, of the available medical records, fails to document a reason to refer the claimant for a psychological evaluation. There is a mention of patient affect consistent with anxiety on the most recent note. However, there is no diagnosis of mental illness in the medical records dated 4/7/2014. As such, this request is not considered medically necessary.