

Case Number:	CM14-0187307		
Date Assigned:	11/17/2014	Date of Injury:	02/01/2013
Decision Date:	01/06/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/10/2014

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:

This is a 57-year-old female with a 2/1/13 date of injury, due to repetitive movements. The UDS test dated 8/6/14 revealed non-compliance with opioids. The patient was seen on 9/17/14, with complaints of 6-7/10 pain in the left wrist and left anatomical snuffbox. The patient stated that her medications were helping her temporarily. Exam findings of the left wrist revealed asymmetry and swelling, restricted range of motion, and tenderness to palpation over the anatomical snuffbox and TFCC. The left Finklestein test was positive, and there was tenderness in both wrists. The diagnosis was overuse syndrome with possible carpal tunnel syndrome, and possible left de Quervain's. Treatment to date: work restrictions and medications. An adverse determination was received on 10/7/14 for a lack of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2013 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records indicated that the medication gave only temporarily relief and do not clearly reflected continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, the UDS test dated 8/6/14 revealed non-compliance with opioids. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms.