

Case Number:	CM14-0202188		
Date Assigned:	12/12/2014	Date of Injury:	04/09/2004
Decision Date:	02/03/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 hand and wrist pain reportedly associated with an industrial injury of April 9, 2004. In a Utilization Review Report dated November 4, 2014, the claims administrator approved a request for oral Voltaren, approved a request for oral Protonix, partially approved Ultram extended release, and partially approved Norco. A variety of MTUS and non-MTUS guidelines were invoked, including now-outdated, now-renumbered MTUS 9792.20e. A September 30, 2014 progress note was referenced in the Utilization Review determination. In a November 4, 2014 medical-legal evaluation, the applicant reported persistent complaints of chronic hand pain. The applicant was status post an earlier carpal tunnel release surgery, it was acknowledged. The applicant's past medical history was notable for hypertension, diabetes, gastritis, and depression, it was acknowledged. A 25-pound permanent lifting limitation was endorsed. The medical-legal evaluator acknowledged that the 25-pound lifting limitation was effectively precluding the applicant from returning to work. In a September 30, 2014 progress note, the applicant reported persistent complaints of pain and paresthesias about the bilateral wrists. The attending provider contended that the applicant's medications were helpful but did not elaborate further. The applicant was on Vicodin, Topamax, Lomotil, and Isomet. It was stated that the applicant had undiagnosed/undisclosed mental health issues. Voltaren, Protonix, Ultram, and Norco were dispensed. The applicant was apparently unwilling to pursue a previously recommended carpal tunnel release surgery. On July 3, 2014, the applicant reported frequent complaints of numbness, tingling, and paresthesias about the hands. The attending provider again stated that the applicant's medications were helpful but did not elaborate further. In one section of the note, it was stated that the applicant was using Vicodin, Isomet, Topamax, and Lomotil, while the

applicant was given refills of Voltaren, Protonix, Ultram extended release, and Menthoderm at the bottom of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ultram ER 150mg #60: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain 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. Here, however, the applicant was/is off of work, both the applicant's primary treating provider (PTP) and the applicant's medical-legal evaluator acknowledged in various progress notes interspersed throughout late 2014. While the applicant's treating provider stated that the applicant's medications were beneficial, this was not elaborated or expounded upon. This was not quantified. The attending provider did not, furthermore, establish, discuss, or detail any meaningful or material improvements in function achieved as a result of ongoing Ultram usage. Therefore, the request was not medically necessary.

Retro Norco 10/325mg #40: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain 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. Here, the applicant was/is off of work, on total temporary disability. The attending provider's reports that the applicant's medications are effective are outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.