

<b>Case Number:</b>	CM14-0078130		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/22/2005
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 61 year old man sustained an industrial injury on 8/22/2005. The mechanism of injury is not detailed. Current diagnoses include status post left cubital tunnel decompression, right cubital tunnel syndrome, status post right shoulder arthroscopic subacromial decompression, bilateral shoulder pain, and cervical pain with upper extremity symptoms. Treatment has included oral medications and surgical intervention. Physician notes dated 4/18/2014 show left elbow and forearm pain, bilateral shoulder pain, and cervical pain rated 5-6/10. Recommendations include surgical revision, refilling of medications, and follow up in four weeks. On 5/15/2014, Utilization Review evaluated prescriptions for revision of the left cubital tunnel decompression, Hydrocodone/Acetaminophen 7.5/325mg #60, and Tramadol 50 mg #1, that were submitted on 5/23/2014. The UR physician noted the following: regarding surgical revision, the previous surgery did not relieve symptoms and the worker continues to be symptomatic and in pain. Regarding the Hydrocodone/Acetaminophen and Tramadol, there is lack of documentation of functional improvement with these medications, side effects, or aberrant behavior. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision of the left cubital tunnel decompression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Section.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case there is insufficient evidence in the exam note of 04/18/14 that the claimant has satisfied these criteria. Therefore the determination is for non-certification.

**Hydrocodone/Acetaminophen 7.5/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 04/18/14. Therefore the determination is for non-certification.

**Tramadol 50mg Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 04/18/14 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary and it is noncertified