

Case Number:	CM15-0002815		
Date Assigned:	01/13/2015	Date of Injury:	01/01/2009
Decision Date:	03/16/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 45-year-old female who reported an injury on 09/23/2010. The mechanism of injury was not stated. The current diagnoses include De Quervain's syndrome and left carpal tunnel syndrome. The injured worker presented on 12/02/2014 with complaints of mild aching and discomfort with direct pressure on the incision sites. The injured worker also reported marked burning, numbness, tingling, and pain at the dorsoradial right thumb and right wrist. Upon examination, there was a minimally positive Tinel's sign at the bilateral carpal tunnels, trace right thenar atrophy with decreased grip strength, and a markedly positive Finkelstein's test on the right. Recommendations at that time included a Celestone injection. The injured worker was also issued a prescription for Ultram 50 mg with 1 refill. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultram 50mg, Quantity: 50, Refills: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no documentation of a failure of nonopioid analgesics. There was also no evidence of a urine toxicology screening. There was no frequency listed in the request. Given the above, the request is not medically appropriate.