

<b>Case Number:</b>	CM15-0101877		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 49 year old female, who sustained an industrial injury on 4/15/13. She reported initial complaints of fell landing on right side. The injured worker was diagnosed as having right shoulder bursitis; right shoulder impingement; right shoulder acromioclavicular (AC) osteoarthritis; right shoulder supraspinatus tendinopathy; left wrist De Quervain's; right wrist De Quervain's. Treatment to date has included physical therapy; chiropractic care; acupuncture; wrist brace; status post right shoulder ASAD and DCR (3/16/15); medications. Diagnostics included X-rays bilateral wrist (2/6/14); Normal Electrodiagnostic study (3/6/14). Currently, the PR-2 notes dated 4/23/15 indicated the injured worker complains of pain in the right shoulder, right wrist and left wrist. The provider documents in regards to the right shoulder, she is 5 weeks and 3 days post-op for right shoulder ASAD/DCR on 3/16/15. She reports night sweats and will have stabbing pain along her right shoulder that radiates into the bicep and triceps. Aggravating factors include sudden movement or trying to reach for things overhead. She continues to go to therapy and rates the pain at 5-6/10. In regard to the right wrist she notes stabbing pain when she grabs or grips something. She will have radiating pins and needles pain into her first three digits and notes her hands will feel cold rating this pain at 7/10. In regards to the left wrist pain, she complains of weakness in her hand but most of the pain is in the forearm. She complains of stabbing pain with most of the pain when there is cold weather or first thing in the morning. This pain is rated at 5-6/10 for the left wrist/forearm. Treatment to this point has been for her postoperative right shoulder. She has completed 8 sessions of post-op therapy with 4 sessions left indicating this has helped increase her range of motion. She had an

injection on 1/20/14 which helped minimally. She has also completed 11 sessions of chiropractic therapy which has not helped much and caused more pain per the injured worker. The right shoulder examination noted exquisite tenderness to palpation over the lateral corner of the shoulder, the AC joint and mild tenderness over the bicep tendon. She has skin hypersensitivity with pain on range of motion and tenderness to palpation over the trapezius muscle. The joint is stable and tracks well with range of motion with no instability with manipulation. The right wrist/hand exam notes tenderness to palpation over the extensor pollicis brevis and abductor pollicis longus tendons as well as on the radial aspect of the forearm. The joint is stable and tracks well with range of motion. There is positive Tinel's, Finkelstein's and negative Phalen's and Ulnar impaction. The left wrist notes tenderness to palpation on tendons over the radial aspect with stable joint and tracing with range of motion. Tinel's, Phalen's and ulnar impaction are negative with positive Finkelstein's testing. On this date, the treatment plan included medications, and a right wrist steroid injection. The provider is requesting authorization of a right carpal tunnel syndrome injection and Tramadol ER 100mg #90 (prescribed 4/23/15).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right wrist carpal tunnel syndrome injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 265.

**Decision rationale:** Per the MTUS Guidelines, most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. For optimal care, a clinician may always try conservative methods before considering an injection. CTS may be treated for four weeks with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis of CTS; however, the benefit from these injections is short-lived. Per available documentation, the objective examination of the right wrist is consistent with carpal tunnel syndrome, however, an EMG study of the upper extremities on 3/6/14 was normal with no evidence of focal nerve entrapment or cervical radiculopathy. Xrays of bilateral wrists on 2/6/14 were normal. There is no evidence that the injured worker has been treated for carpal tunnel syndrome with conservative measures for eight to twelve weeks, and there is no evidence of severe CTS, therefore, the request for right wrist carpal tunnel syndrome injection is determined to not be medically necessary.

**Tramadol ER 100mg #90 (prescribed on 4/23/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available); Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the re-uptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Per the available documentation, the injured worker is being prescribed pain medications from multiple physicians. The injured worker was prescribed oxycodone by an orthopedic provider and now Tramadol by her primary care physician. There is no documentation of a screening for addiction risk of abuse potential. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol ER 100mg #90 (prescribed on 4/23/15) is determined to not be medically necessary.