

Case Number:	CM15-0134443		
Date Assigned:	07/22/2015	Date of Injury:	08/01/2012
Decision Date:	08/18/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 43-year-old female who sustained an industrial injury on 08/01/2012. She reported numbness and tingling of both hands and later experienced a burning and swelling in the same areas. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included hand therapy and medications, and a right carpal tunnel surgical release (02/2013). She later developed a triggering of her right thumb. A right trigger thumb release surgery was done 04/24/2014. She declined surgery on her left hand. She was later sent to a pain management specialist. The worker has been treated with acupuncture, physical therapy, surgeries, an unspecified number of individual psychotherapy sessions and medications. Currently, the injured worker complains of burning pain in the bilateral upper extremities with difficulty grasping small objects. She has been to the emergency room for pain. She complains of carpal tunnel described as burning and tingling with sweating of the hands, cramping and difficulty grasping with the left side worse than the right. On her 08/09/2015 visit with a pain management specialist, she had significant tenderness to the upper extremities with pain even to light touch. Range of motion is limited secondary to pain. There are dermatomal changes and significant hypersensitivity. Diagnoses at this time are: Bilateral carpal tunnel syndrome; Situation post right carpal tunnel release (02/2003); Postoperative neuritis right hand and wrist situation post trigger release right thumb, and A1 pulley (04/24/2014); Rule out peripheral neuropathy; Situational depression, anxiety, and insomnia related to chronic pain and disability. The treatment plan was for a trial of Ultram with progression to Ultram extended

release, one daily if the Ultram helps. The physician dispensed the medication and urinary drug screens were done prior to administration. A request for authorization was made for the following: 1. Ultram 50 mg Qty 30. 2. Ultram ER (extended release) 150 mg Qty 30. 3. Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50mg # 30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are bilateral carpal tunnel syndrome; right carpal tunnel release; postoperative neuritis right-handed and wrist; trigger release right thumb and A-1 pulley; rule out peripheral neuropathy; and situational depression, anxiety and insomnia secondary to chronic pain. The date of injury is August 1, 2012. The request for authorization is dated June 19, 2015. According to the QME dated June 9, 2015, the injured worker was last seen eight months prior (October 2014). The QME indicates Tramadol (Ultram) was started on or about June 19, 2014. The documentation does not contain clinical evidence indicating objective functional improvement with ongoing Tramadol. Subsequent documentation indicates the injured worker will be "trialed" on Ultram 50mg (June 9, 2015). The treating provider indicated the patient would be trialed on Ultram 50 mg twice a day for one to two weeks. If the patient was able to tolerate the medication, the injured worker will increase to Ultram ER one time per day. The treatment plan indicates Ultram 50 mg one PO BID #30 is prescribed in addition to Ultram ER 150 mg. Both Ultram and Ultram ER are prescribed simultaneously. The treating provider should be titrating the Ultram and not leaving it up to the injured worker to make the appropriate dosing adjustments. There is no documentation demonstrating objective functional improvement with Ultram 50mg. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and no documentation-demonstrating objective functional improvement with a gradual titration to the extended release form, Ultram 50mg # 30 is not medically necessary.

Ultram ER (extended release) 150 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram ER 150mg # 30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are bilateral carpal tunnel syndrome; right carpal tunnel release; postoperative neuritis right-handed and wrist; trigger release right thumb and A-1 pulley; rule out peripheral neuropathy; and situational depression, anxiety and insomnia secondary to chronic pain. The date of injury is August 1, 2012. The request for authorization is dated June 19, 2015. According to the QME dated June 9, 2015, the injured worker was last seen eight months prior (October 2014). The QME indicates Tramadol (Ultram) was started on or about June 19, 2014. The documentation does not contain clinical evidence indicating objective functional improvement with ongoing Tramadol. Subsequent documentation indicates the injured worker will be "trialed" on Ultram 50mg (June 9, 2015). The treating provider indicated the patient would be trialed on Ultram 50 mg twice a day for one to two weeks. If the patient was able to tolerate the medication, the injured worker will increase to Ultram ER one time per day. The treatment plan indicates Ultram 50 mg one PO BID #30 is prescribed in addition to Ultram ER 150 mg. Both Ultram and Ultram ER are prescribed simultaneously. The treating provider should be titrating the Ultram and not leaving it up to the injured worker to make the appropriate dosing adjustments. There is no documentation demonstrating objective functional improvement with Ultram 50mg. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and no documentation-demonstrating objective functional improvement with a gradual titration to the extended release form, Ultram ER 150mg # 30 is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker in the low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are bilateral carpal tunnel syndrome; right carpal tunnel release; postoperative neuritis right-handed and wrist; trigger release right thumb and A-1 pulley; rule out peripheral neuropathy; and situational depression, anxiety and insomnia secondary to chronic pain. The date of injury is August 1, 2012. The request for authorization is dated June 19, 2015. According to the QME dated June 9, 2015, the injured worker was last seen eight months prior (October 2014). Urine drug toxicology screen was approved October 9, 2014. There were no results in the medical record. Additionally, there is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. There is no specific clinical indication or rationale other than ordering a random urine drug screen. Consequently, absent clinical documentation with the clinical indication and rationale, aberrant drug-related behavior, drug misuse or abuse and a prior urine drug screen undocumented in the medical record, urine drug testing is not medically necessary.