

Case Number:	CM15-0137380		
Date Assigned:	07/27/2015	Date of Injury:	05/02/2014
Decision Date:	08/28/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/15/2015

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, Hawaii
 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:

This 27 year old man sustained an industrial injury on 5/2/2014. The mechanism of injury is not detailed. Evaluations include left hand x-rays dated 5/21/2014, electromyogram/nerve conduction studies of the bilateral upper extremities dated 6/13/2014, and bilateral hand MRIs dated 5/21/2014. Diagnoses include carpal tunnel syndrome. Treatment has included oral medications, splinting/bracing, and physical therapy. Physician notes dated 6/5/2015 show complaints of progressive hand and wrist pain. The worker rates his pain 8/10 without medications and 6/10 with medications. Recommendations include bilateral carpal tunnel injections, repeat electromyogram/nerve conduction studies of the bilateral upper extremities, orthopedic consultation, Ultram, Zipsor, urine drug screen, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The records indicate the patient has ongoing complaints of bilateral wrist pain and diminished function. The current request is for Ultram 50mg, #60. The attending physician in his report dated June 5, 2015, page 34 (b), states "the patient has decreased pain and improved functional benefit along with improved quality of life when taking his medication. Specifically, he notes the patient has improved capability for ADL including Self Care and household tasks with medications which is reflected in improved capability for functional activities. The patient denies any new adverse effects from medications. It is also noted that the patient has no adverse behavior for addiction. The patient has a signed opiate agreement on file. We attempt periodic opiate reduction and weaning." According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there is clear documentation of the 4 A's. There is clear documentation of improved functional ability and decreased pain with the medication. The attending physician also indicates the patient has no adverse side effects or aberrant drug behaviors. He documents that a signed opiate agreement is on file. The records do establish medical necessity for the request for Ultram. The request is medically necessary.