

Case Number:	CM15-0137923		
Date Assigned:	08/18/2015	Date of Injury:	02/07/2007
Decision Date:	09/14/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/16/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 2/07/2007. The injured worker was diagnosed as having right carpal tunnel syndrome, status post surgical release, right thumb tendinitis with a cyst, status post release, different pain developed in the right wrist after surgery, etiology unknown, and left carpal tunnel syndrome, status post release. Treatment to date has included diagnostics, surgical intervention, and medications. Currently, the injured worker complains of pain in her right wrist, reporting frequent and significant flare up. She reported denial of Neurontin and Ultram and was using topical cream with some help. Pain was rated 8 out of 10, current and on average. Pain levels were consistent for at least 6 months and progress reports note the denial of medications (Ultram and Neurontin), and the use of topical cream. The treatment plan included a prescription for Tramadol, topical cream, and urine toxicology. A review of symptoms noted heartburn, nausea or vomiting, and vomiting of blood. Physical exam noted a moderately overweight female in no acute distress. Her right wrist incision was intact, noting one tender spot. Tramadol was recommended due to failed and contraindicated nonsteroidal anti-inflammatory drug use. Topical cream (unspecified) was requested due to noted benefit. Urine toxicology was requested. Prior toxicology (10-2014) was inconsistent with expected results, noting negative for Neurontin and Tramadol, but positive for ethyl glucuronide and ethyl sulfate.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for several months without consistent reference to drop in pain score with use of medication. Long term use is not indicated. Failure of Tylenol or NSAIDS is not noted. The continued use of Tramadol is not medically necessary.

Unknown prescription of topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the topical cream was not identified. Location, frequency and duration of application was not provided. The topical cream is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. In this case, there were a few inconsistent result in prior urine screens but the inconsistencies showed ethyl alcohol use which can show with wine or beer. There was no other evidence of substance abuse. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

