

Case Number:	CM15-0137925		
Date Assigned:	07/27/2015	Date of Injury:	12/11/2013
Decision Date:	09/21/2015	UR Denial Date:	07/07/2015
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: California
 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 32 year old female who sustained an industrial injury on 12/11/2013. Mechanism of injury was from repetitive motions. Diagnoses include tenosynovitis of the hand and wrist. Treatment to date has included diagnostic studies, medications, steroid injections, and physical therapy. As of 03/11/2015, she can continue temporary modified work with no use of the right hand. The most recent physician progress note dated 03/11/2015 documents the injured worker reports continued improvement. Medications as well as physical therapy are proving effective in improving the injured workers pain levels, function and range of motion. She has weakness, numbness and tingling. On examination, the neuro-circulatory status is intact. There is thenar-hypothenar atrophy, and there is tenderness to palpation. She has some motion loss and instability at the CMC joint thumb. Treatment requested is for Flexeril 5 mg #30 with 6 refills, Norco 5/325 mg #15, Ultram 37.5/325 mg #60 with 6 refills, and Wrist widget.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist widget: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist Chapter under Splinting.

Decision rationale: The patient presents on 03/11/15 with improving unrated right wrist/hand pain and associated numbness/weakness. The patient's date of injury is 12/11/13. Patient has no documented surgical history directed at this complaint. The request is for Wrist Widget. The RFA was not provided. Physical examination dated 03/11/15 reveals tenderness to palpation of the right hand with intact neuro-circulatory status noted, an unspecified traumatic scar, thenar and hypothenar atrophy, decreased range of motion and instability of the wrist. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient is currently working with modified duties. The wrist widget is a proprietary wrist-bracing device. Regarding wrist brace, ACOEM Guidelines page 265 states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." ODG, Wrist Chapter, Splinting, states, "Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment." In regard to the "wrist widget" brace, the request is appropriate. There is no evidence in the documentation provided that this patient has been issued any wrist-bracing devices to date. While ODG does not discuss this particular brand of wrist bracing, the guidelines do support neutral-position wrist splinting as an appropriate conservative treatment. Given this patient's continuing wrist complaint, the issuance of neutral-position wrist splinting could help reduce pain and improve function. Therefore, the request IS medically necessary.

Ultram 37.5/325 mg #60 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88,89.

Decision rationale: The patient presents on 03/11/15 with improving unrated right wrist/hand pain and associated numbness/weakness. The patient's date of injury is 12/11/13. Patient has no documented surgical history directed at this complaint. The request is for Ultram 37.5/325 mg #60 with 6 refills. The RFA was not provided. Physical examination dated 03/11/15 reveals tenderness to palpation of the right hand with intact neuro-circulatory status noted, an unspecified traumatic scar, thenar and hypothenar atrophy, decreased range of motion and instability of the wrist. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient is currently working with modified duties. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As - analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS

Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain." In regard to the continuation of Ultram for this patient's chronic wrist pain, the treating physician has not provided adequate documentation to substantiate further use. Most recent progress note, dated 03/11/15 does not include documentation of analgesia attributed to narcotic medications, though does state that this patient is currently working - which can be considered a functional improvement. A careful review of the records provided does not include any urine drug screening results or discussion of consistency, or a stated lack of aberrant behavior in the most recent report, dated 03/11/15. MTUS requires documentation of analgesia via a validated scale, activity-specific functional improvements, documented consistency with prescribed medications, and a stated lack of aberrant behavior. In this case, no specific descriptions of analgesia or consistent urine drug screening is provided, and there is no stated lack of aberrant behavior. Without such documentation, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.

Norco 5/325 mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88,89.

Decision rationale: The patient presents on 03/11/15 with improving unrated right wrist/hand pain and associated numbness/weakness. The patient's date of injury is 12/11/13. Patient has no documented surgical history directed at this complaint. The request is for Norco 5/325MG #15. The RFA was not provided. Physical examination dated 03/11/15 reveals tenderness to palpation of the right hand with intact neuro-circulatory status noted, an unspecified traumatic scar, thenar and hypothenar atrophy, decreased range of motion and instability of the wrist. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient is currently working with modified duties. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Norco for this patient's chronic wrist pain, the treating physician has not provided adequate documentation to substantiate further use. Most recent progress note, dated 03/11/15 does not include documentation of analgesia attributed to narcotic medications, though does state that this patient is currently working - which can be considered a functional improvement. A careful review of the records provided does not include any urine drug screening results or discussion of consistency, or a stated lack of aberrant behavior in the most recent report, dated 03/11/15. MTUS requires documentation of analgesia via a validated scale, activity-specific functional improvements,

documented consistency with prescribed medications, and a stated lack of aberrant behavior. In this case, no specific descriptions of analgesia or consistent urine drug screening is provided, and there is no stated lack of aberrant behavior. Without such documentation, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.

Flexeril 5 mg #30 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents on 03/11/15 with improving unrated right wrist/hand pain and associated numbness/weakness. The patient's date of injury is 12/11/13. Patient has no documented surgical history directed at this complaint. The request is for Flexeril 5mg #30 with 6 refills. The RFA was not provided. Physical examination dated 03/11/15 reveals tenderness to palpation of the right hand with intact neuro-circulatory status noted, an unspecified traumatic scar, thenar and hypothenar atrophy, decreased range of motion and instability of the wrist. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient is currently working with modified duties. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, Cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 12/04/14. Guidelines indicate that muscle relaxants such as Flexeril considered appropriate for acute exacerbations of pain/spasms. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 30 tablets with 6 refills in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.