

Case Number:	CM15-0160323		
Date Assigned:	08/26/2015	Date of Injury:	05/15/2006
Decision Date:	09/29/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/17/2015

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, North Carolina
 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 67 year old female, who sustained an industrial injury on May 15, 2006, incurring right shoulder, left hand and wrist injuries. She was diagnosed with a partial tear of the left rotator cuff, adhesive capsulitis, wrist tendinitis, and cervicobrachial syndrome, repetitive strain injury of upper extremities, right wrist tendinitis, right thumb trigger finger and carpal tunnel syndrome from repetitive work duties. Treatment included anti-inflammatory drugs, pain medications, topical analgesic gel and creams, antidepressants, shoulder cortisone injections, and activity restrictions. Currently, the injured worker complained of severe pain in the left thumb that worsened with gripping and grasping, and increased bilateral shoulder pain. She noted that the left thumb occasionally gets stuck in flexion. She complained of radiating pain from the hand into the right forearm with numbness. The treatment plan that was requested for authorization included a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg TID as needed #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic use.

Decision rationale: CA MTUS Guidelines support ongoing opioid use if prescriptions are provided by a single provider, are prescribed at the lowest possible dose and if there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. In this case, there is no documentation of pain without medications on a pain scale. The presence or absence of adverse effects is not documented. There is no documentation of the 4 A's. The date of injury was in 2006 and the duration of use of opioids is unclear. With the lack of documentation provided for this request, it must be deemed not medically necessary.