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| Case Number: | CM15-0169351 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 02/09/2014 |
| Decision Date: | 10/16/2015 | UR Denial Date: | 08/07/2015 |
| Priority: | Standard | Application Received: | 08/27/2015 |

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, Pain Management, Occupational 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:

This is a 44 year old female with a date of injury on 2-9-2014. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral elbow tendonitis, bilateral wrist pain and numbness, bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. Medical records (5-15-2015 to 7-20-2015) indicate ongoing pain in her bilateral wrists and elbows. She rated her pain as four to six out of ten; the pain was frequent with weakness and numbness. The right side was worse than the left. She reported that Tramadol helped her pain from six out of ten down to three out of ten. She also complained of numbness and weakness in her bilateral hands. Per the treating physician (7-20-2015), the employee is not working. The physical exam (5-15-2015 to 7-20-2015) reveals loss of range of motion of the bilateral wrists. There was positive Phalen's and Tinel's tests bilaterally, right greater than left. There was decreased sensation over the median nerve distribution of the right and left hand. Exam of the right elbow revealed tenderness laterally. There was slight decrease in grip strength noted. Treatment has included at least 11 sessions of occupational therapy, bracing and pain medications (Ultram since at least 2-16-2015). Right endoscopic carpal tunnel release was recommended by the hand surgeon (7-15-2015). The original Utilization Review (UR) (8-7-2015) non-certified requests for transcutaneous electrical nerve stimulation (TENS) 30 day trial and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim), Transcutaneous electrotherapy.

Decision rationale: MTUS 2009 states that a trial of TENS use is an option as long as it is included as part of a functionally restorative treatment approach. The patient is diagnosed with symptomatic carpal tunnel syndrome and a carpal tunnel release has been recommended. The medical records do not indicate why a TENS unit is requested pre-operatively. Furthermore, the patient has received electrical stimulation in hand therapy without any noticeable benefit described in the therapy notes. This request for a TENS unit does not adhere to MTUS 2009 since it will not be included as part of a functionally restorative treatment approach since surgery is contemplated. Furthermore, electrical stimulation in therapy has not been reported to be beneficial. Therefore, this request for a TENS trial is not medically necessary.

Ultram 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement attributable to their use when used to treat non-cancer pain. The patient is diagnosed with carpal tunnel syndrome and is considered a candidate for surgery. She has been prescribed Tramadol for an extended period of time with a reported reduction in her symptoms allowing her to complete basic household chores. However, this reportedly improved function is not reflected in the functional limitations provided by the primary treating physician. A significant component of the condition is reportedly numbness for which the Tramadol is ineffective. Based upon the lack of demonstrated functional improvement after an extended course of Tramadol, its ongoing use is not medically necessary and its ongoing use does not adhere to MTUS 2009.