

Case Number:	CM15-0182475		
Date Assigned:	09/23/2015	Date of Injury:	06/08/2012
Decision Date:	10/28/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/16/2015

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: Emergency 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:

The injured worker is a 49 year old female, who sustained an industrial injury on June 8, 2012, incurring bilateral upper extremities injuries. She was diagnosed with shoulder pain, carpal tunnel syndrome and lesion of the ulnar nerve. Treatment included pain medications, topical analgesic cream, and acupuncture with activity modifications and restrictions. She underwent a right carpal tunnel release in 2012 and a right shoulder arthroscopy in 2013. Currently, the injured worker complained of continuous pain, numbness and tingling in the bilateral upper extremities radiating down into her hands, wrists and forearms. She noted persistent pain in her shoulders, hands, wrists and arms from repetitive use of her bilateral upper extremities. On April 3, 2015, Electromyography studies revealed left ulnar neuropathy at the elbow. Both shoulders showed impingement syndrome with limited range of motion with flexion, internal and external rotation. She noted increased pain with movement and range of motion. The treatment plan that was requested for authorization on September 16, 2015, included for a prescription for Tramadol-APAP, 37.5-325mg, #90. On August 31, 2015, a request for a prescription for Tramadol-APAP was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP (acetaminophen) 37.5/325mg #90ms, 1 tablet by mouth 3 times daily as needed for pain, Qty: 90, for the diagnoses of shoulder pain, carpal tunnel syndrome and lesion ulnar nerve: 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, specific drug list, Opioids for chronic pain.

Decision rationale: The requested Tramadol/APAP (acetaminophen) 37.5/325mg #90ms, 1 tablet by mouth 3 times daily as needed for pain, Qty: 90, for the diagnoses of shoulder pain, carpal tunnel syndrome and lesion ulnar nerve is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continuous pain, numbness and tingling in the bilateral upper extremities radiating down into her hands, wrists and forearms. She noted persistent pain in her shoulders, hands, wrists and arms from repetitive use of her bilateral upper extremities. On April 3, 2015, Electromyography studies revealed left ulnar neuropathy at the elbow. Both shoulders showed impingement syndrome with limited range of motion with flexion, internal and external rotation. She noted increased pain with movement and range of motion. The treating physician has not documented failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol/APAP (acetaminophen) 37.5/325mg #90ms, 1 tablet by mouth 3 times daily as needed for pain, Qty: 90, for the diagnoses of shoulder pain, carpal tunnel syndrome and lesion ulnar nerve is not medically necessary.