

Case Number:	CM15-0184979		
Date Assigned:	09/25/2015	Date of Injury:	05/09/2012
Decision Date:	11/03/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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: Preventive Medicine, 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:

The injured worker is a 51 year old female, who sustained an industrial injury on May 9, 2012, incurring left wrist injuries. She was diagnosed with a left wrist sprain, hand sprain and shoulder sprain, and left carpal tunnel syndrome. Magnetic Resonance Imaging of the left wrist revealed degeneration and osteoarthritis. The ulnar nerve was consistent with neuritis in the cubital tunnel. Treatment included twenty chiropractic sessions, fifteen acupuncture sessions, twenty-three physical therapy treatments and twenty-nine physical therapy sessions post-operative, eight steroid injections and six months of bracing and splinting all of which did not help her pain. On January 11, 2013, the injured worker underwent a left first dorsal extensor compartment release and left middle finger trigger finger release. Currently, the injured worker complained of persistent pain in the left hand with radiation to the left arm and shoulder with numbness, tingling and weakness into the left hand. She noted increased stiffness in the left arm with constant pain. She rated her pain 5 out of 10 at best and 9 out of 10 at its worst. The wrist pain was aggravated by reaching and alleviated by rest. She complained that the pain interfered with her household chores, gardening and shopping. The treatment plan that was requested for authorization on September 21, 2015, included physical therapy twice a week for five weeks for the left wrist, prescriptions for Ultram 50 mg, #60 dispensed on May 11, 2015, and Ultram 50 mg, #60 dispensed on August 17, 2015. On September 1, 2015, a request for physical therapy for the left wrist and the prescriptions for Ultram 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:

Physical therapy 2x a week for 5 weeks for the left wrist: 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): Physical Medicine.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has already completed 52 physical therapy sessions (post-op and additional). It is reasonable to assume that the injured worker could continue with a home-based, self-directed exercise program. Additionally, this request for 10 additional sessions of physical therapy exceeds the recommendations of the established guidelines. The request for physical therapy 2x a week for 5 weeks for the left wrist is determined to be not medically necessary.

Retrospective Ultram 50mg, #60 (dispensed 5/11/15): 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 for chronic pain.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Tramadol for an extended period without documented evidence of objective functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for retrospective Ultram 50mg, #60 (dispensed 5/11/15) is determined to be not medically necessary.

Retrospective Ultram 50mg, #60 (dispensed 8/17/15): 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 for chronic pain.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Tramadol for an extended period without documented evidence of objective functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for retrospective Ultram 50mg, #60 (dispensed 8/17/15) is determined to be not medically necessary.