

Case Number:	CM15-0187348		
Date Assigned:	09/29/2015	Date of Injury:	07/03/2007
Decision Date:	11/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/23/2015

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 53 year old female, who sustained an industrial injury on 7-3-2007. The injured worker is undergoing treatment for: left knee degenerative joint disease, left carpal tunnel syndrome. The treatment and diagnostic testing to date has included: left knee surgery, cane, left wrist brace, medications, and carpal tunnel release on the left. Medications have included: Mobic, Omeprazole, Tramadol. The records indicate she has been utilizing Tramadol since at least May 2015, possibly longer. Current work status: she is noted to no longer work and have permanent restrictions. On 5-6-15, and on 8-12-2015, she reported left knee pain, stiffness and periodic giving way, and increased left shoulder pain with decreased range of motion, and numbness and tingling of the left hand. She indicated she had to use a cane for ambulation more. Physical findings revealed positive Lachman's and pivot shift of the left knee, decreased range of motion and positive impingement sign of the left shoulder, positive Tinel's and Phalens testing of the left wrist. Her pain is not rated. There is no discussion of her current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is also no discussion of adverse side effects, or aberrant behavior. The request for authorization is for: left wrist brace, Ultram 50mg quantity 100 with one refill. The UR dated 8-19-2015: non-certified the request for left wrist brace, and Ultram 50mg quantity 100 with one refill; and certified Mobic 15mg quantity 60 with one refill and Omeprazole 20mg quantity 60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist brace: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting, pages 95-96.

Decision rationale: Review indicates the patient is s/p carpal tunnel release without residuals or complications and has been P&S and remains not working. Submitted reports have not adequately demonstrated specific acute neurological deficits with remarkable clinical findings for the wrist issues that would support the wrist brace. Guidelines support splinting as first-line conservative treatment for acute CTS and DeQuervain's to limit motion of inflamed structures and ODG has indication for immobilization with bracing in the treatment of fractures; however, submitted reports have not demonstrated the indication, progressive symptom complaints with correlating clinical findings of acute diagnosis of inclusion to support for the wrist brace. The Left wrist brace is not medically necessary.

Ultram 50 mg #100 with 1 refill: 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: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2007 injury without acute flare, new injury, or progressive neurological deterioration. The Ultram 50 mg #100 with 1 refill is not medically necessary and appropriate.