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| Case Number: | CM15-0194551 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 11/10/2010 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/30/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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 59 year old female who sustained an industrial injury on 11-10-2010. A review of medical records indicates the injured worker is being treated for carpal tunnel syndrome and triggering along the long and ring finger on the right. Medical records dated 9-22-2015 noted pain to the wrists with numbness and tingling especially on the right side associated with swelling, tingling, grip loss, and the limitations of pushing, pulling, and lifting was curtailed to 5 pounds. Physical examination noted wrist extension was 70 degrees bilaterally. Flexion was 65 degrees on the right and 70 degrees on the left. Tenderness along the carpal tunnel area was noted on the left more so than the right. Treatment has included surgery and injections. Medications have included Neurontin since at least 9-22-2015. Utilization review form dated 9-30-2015 modified tramadol 150mg #27 and noncertified Diagnostic test fluoroscopy left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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, Opioids, long-term assessment.

Decision rationale: Review indicates the request for Tramadol was modified for weaning purposes. 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. It cites 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 specific 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. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2010 injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol 150mg Qty: 30.00 is not medically necessary and appropriate.

Diagnostic test fluoroscopy left wrist Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand - Ultrasound (diagnostic).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the clinical indication of instability, fibrocartilage or ligamentous tear for the fluoroscopic wrist study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Diagnostic test fluoroscopy left wrist Qty: 1.00 is not medically necessary and appropriate.