MAXIMUS Federal Services

Case Number:	CM15-0198930		
Date Assigned:	10/14/2015	Date of Injury:	09/24/2013
Decision Date:	11/20/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/09/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 male who sustained an industrial injury on 9-24-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right carpal tunnel syndrome, right DeQuervain's syndrome and tenosynovitis of the right hand and wrist. Medical records (3-31-2015 to 9-2-2015) indicate ongoing right wrist and hand pain rated 7-10 out of 10. He reported throbbing, numbness and difficulty sleeping. Per the treating physician (9-2-2015), the work status was modified work with restrictions. The physical exam (9-2-2015) revealed almost zero range of motion of the right wrist and hand. The injured worker was guarding and was reluctant to move the wrist. Treatment has included chiropractic treatment, shockwave therapy, splinting and medications (Tramadol since at least 6-11-2014 and Ibuprofen since at least 5-12-2015). The request for authorization was dated 9-2-2015. The original Utilization Review (UR) (9-23-2015) modified a request for Tramadol from #60 with 2 refills to #43 with 0 refills and modified a request for Ibuprofen from #60 with 2 refills to #60 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. The claimant was on Tramadol for over a year. Current use with Ibuprofen was not supported by VAS scores reduction levels with use of medications. Long-term use is not recommended and continued use of Tramadol is not medically necessary.

Ibuprofen 800 mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months along with multiple opioids. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Current progress notes did not include VAS score reduction information. Continued use of Ibuprofen is not medically necessary.