

Case Number:	CM15-0200343		
Date Assigned:	10/15/2015	Date of Injury:	01/13/2011
Decision Date:	12/02/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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, District of Columbia,
Maryland Certification(s)/Specialty: Anesthesiology, Pain
Management

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 57 year old female who sustained an industrial injury on January 13, 2011. The worker is being treated for: bilateral wrist pain, joint degeneration and synovitis. July 23, 2015 loss of fixation of hardware left wrist. Subjective: July 12, 2012 "continued pain in both wrists." July 23, 2015 "increasing pain in the left wrist." Objective: July 12, 2012 she is swollen on the dorsal aspects of both wrists. Motion in the wrist is very limited. She has no flexion in either wrist and synovitis. Medications: July 12, 2012 Voltaren, Prilosec, Terocin lotion. July 23, 2015 Voltaren, Prilosec and Tramadol ER. April 10, 2015 Voltaren, Prilosec, and Tramadol. Diagnostic testing: July 23, 2015 radiography study of bilateral wrists obtained and reviewed showing hardware in excellent position, stable fusion and the left side the distal screws have broken and the plate is starting to become prominent. Treatment modalities: July 12, 2012 requesting surgical intervention at this time. August 17, 2012 she underwent left wrist fusion with autologous graft, nerve excision and arthrotomy; July 23, 2015 bilateral wrist splints. On September 21, 2015 a retrospective request was made for Tramadol ER 150mg #60 that was noncertified by Utilization Review on October 01, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol ER 150mg #60 DOS: 8/6/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, and 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.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the medical records submitted for review, the injured worker underwent hardware removal x3 left wrist on 7/24/15. I respectfully disagree with the UR physician's denial based upon a lack of significant reductions in pain and increases in function, as these are guidelines for long-term opiate therapy. The request is indicate for acute nociceptive post-operative pain. The request is medically necessary.