

Case Number:	CM15-0200873		
Date Assigned:	10/15/2015	Date of Injury:	06/02/2013
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
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: New Jersey, New York
 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 06-02-2013. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for status post carpal tunnel release to the right hand and carpal tunnel syndrome persisting in the left hand with "positive nerve conduction studies". Treatment and diagnostics to date has included physical therapy, medications, and urine drug screen dated 02-11-2015 positive for opiates. Recent medications have included Tramadol (since at least 07-02-2015), Tylenol, and Zorvolex (since at least 06-04-2015). Subjective data (07-30-2015 and 09-10-2015), included bilateral hand and wrist pain along with bilateral knee, neck, and back pain rated 6-9 out of 10. The injured worker noted that her pain "at best" is 4 out of 10 with medications and 10 out of 10 without medications. Objective findings (09-10-2015) included "mildly positive Phalen's and Tinel's signs. Finkelstein's maneuver is mildly painful". The treating physician noted that "urine drug screens have been appropriate". The request for authorization dated 09-15-2015 requested Zorvolex 35mg #90, OTC (over the counter) Tylenol, and Tramadol 50mg #60. The Utilization Review with a decision date of 09-25-2015 non-certified the request for Zorvolex 35mg #90 and Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35 mg #90: 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).

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

Decision rationale: The MTUS does not address this drug, but the ODG states that this drug is not "recommended as first line due to increased risk profile." Diclofenac has been found to increase cardiovascular risk. The brand name Zorvolex is more expensive. There are many notes that are difficult to read due to the way it was copied. It is unclear if she failed other anti-inflammatories. Therefore, the request is considered not medically necessary.

Tramadol 50 mg #60: 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.

Decision rationale: The request for Tramadol is medical unnecessary. There is no documentation of what his pain was like previously and how much Tramadol decreased his pain. Patient is on multiple medications that decrease his pain from 10/10 to 4/10. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no recent urine drug screenings or drug contract. Tramadol is also not a first line opiate. Because of these reasons, the request for Tramadol is considered medically unnecessary.