

Case Number:	CM15-0207204		
Date Assigned:	10/26/2015	Date of Injury:	07/01/2009
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 62 year old female, who sustained an industrial injury on 7-01-2009. The injured worker is being treated for bilateral carpal tunnel syndrome, chronic pain with secondary depression and sleep disorder and stenosing tenosynovitis along the A1 pulley of all fingers of both hands except the little finger on the right. Treatment to date has included conservative measures including rest, ice, bracing and medications. Per the Primary Treating Physician's Progress Report dated 9-24-2015, the injured worker presented for follow-up evaluation. She is currently not working. She reported pain in both hands. She is management well with bracing, ice, medications and rest. She has difficulty with grasping and intermittent numbness and tingling. Objective findings included tenderness of wrists, CMC and STT joint and mild tenderness along the carpal tunnel. She was prescribed Gabapentin, Tramadol, Lunesta and Flexeril on 8-07-2015. She was prescribed Tramadol, naproxen, Flexeril, Gabapentin (Neurontin), Lunesta, Aciphex and Remeron on 7-22-2015. The IW has been prescribed Tramadol and Gabapentin since at least 10-15-2013. Per the medical records dated 7-22-2015 to 9-24-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current treatment. The notes from the provider do not document efficacy of the prescribed medications. The work status was recorded as "she is not currently working and should avoid repetitive use of upper extremities, forceful pushing, pulling and lifting." The plan of care included medications and authorization was requested for Gabapentin 600mg #90, Tramadol ER 150mg #30, and Ultracet 37.5-325mg #60. On 10-02-2015, Utilization Review modified the request for Tramadol ER 150mg #30 and non-certified the request for Ultracet 37.5-325mg #60 and Gabapentin 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in July 2009 and underwent left carpal tunnel surgery in September 2009 and a right carpal tunnel surgery in December 2009. She was stenosing tenosynovitis affecting all but her right fifth finger. She has persistent electrodiagnostic abnormalities. She has secondary depression and sleep disorder. When seen in September 2015 she was having intermittent numbness and tingling. Rest was helping the most. Physical examination findings included bilateral wrist and carpal tunnel tenderness. Medications were refilled. Response to the medications being prescribed was not documented. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Ultracet 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment, Opioids, criteria for use.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in July 2009 and underwent left carpal tunnel surgery in September 2009 and a right carpal tunnel surgery in December 2009. She was stenosing tenosynovitis affecting all but her right fifth finger. She has persistent electrodiagnostic abnormalities. She has secondary depression and sleep disorder. When seen in September 2015 she was having intermittent numbness and tingling. Rest was helping the most. Physical examination findings included bilateral wrist and carpal tunnel tenderness. Medications were refilled. Response to the medications being prescribed was not documented. Ultracet (Tramadol/Acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in July 2009 and underwent left carpal tunnel surgery in September 2009 and a right carpal tunnel surgery in December 2009. She was stenosing tenosynovitis affecting all but her right fifth finger. She has persistent electrodiagnostic abnormalities. She has secondary depression and sleep disorder. When seen in September 2015 she was having intermittent numbness and tingling. Rest was helping the most. Physical examination findings included bilateral wrist and carpal tunnel tenderness. Medications were refilled. Response to the medications being prescribed was not documented. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment, there should be documentation of pain relief and improvement in function. In this case, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.