

Case Number:	CM15-0022249		
Date Assigned:	02/11/2015	Date of Injury:	07/26/2012
Decision Date:	04/02/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/05/2015

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 35-year-old who reported injury on 07/26/2012. The mechanism of injury was cumulative trauma. She was diagnosed with chronic bilateral hand/wrist pain. Her past treatments were noted to include medications and surgery. On 01/20/2015, the injured worker reported severe pain of bilateral hands which radiates into arms and neck. The injured worker reported 5/10 pain on average. Upon physical examination, she was noted to have decreased grip strength in both hands and ongoing residual pain in her wrists and hands with symptoms of chronic regional pain syndrome 1 and 2. Her current medications were noted to include Percocet 10/325 mg, tramadol 50 mg and Zorvolex 35 mg. The treatment plan was noted to include refill medication, a stellate ganglion block for diagnostic and therapeutic effect, consideration of a cervical MRI, occupational therapy and a follow-up visit. A request was submitted for Percocet and tramadol; however, the rationale was not provided. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Neuropathic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Percocet 10/325 #90 is not medically necessary. The California MTUS guidelines recommend ongoing review of patients utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The clinical documentation submitted for review does not provide evidence of pain relief and increased functional improvement to perform activities of daily living with uses of opioid. Additionally, there was no evidence of a consistent urine drug screen, verifying appropriate medication use. Furthermore, the request as submitted does not provide the frequency of the medication. In the absence of this documentation, the request is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Tramadol 50mg #90 is not medically necessary. The California MTUS guidelines recommend ongoing review of patients utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The clinical documentation submitted for review does not provide evidence of pain relief and increased functional improvement to perform activities of daily living with uses of opioid. Additionally, there was no evidence of a consistent urine drug screen, verifying appropriate medication use. Furthermore, the request as submitted does not provide the frequency of the medication. In the absence of this documentation, the request is not medically necessary.