

Case Number:	CM15-0026996		
Date Assigned:	02/19/2015	Date of Injury:	04/11/2013
Decision Date:	04/22/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 37-year-old [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with cumulative trauma at work first claimed on April 11, 2013. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve a request for a chest x-ray, Vicosteron, Norco, and tramadol. Several of the articles in question were requested and/or dispensed on December 15, 2014, it was suggested. The applicant's attorney subsequently appealed. On December 15, 2014, the applicant reported ongoing complaints of hand and wrist pain. The applicant was not working, it was acknowledged. The applicant was using Motrin for pain relief. Carpal tunnel release surgery and cubital tunnel release surgery were endorsed. The attending provider suggested that the applicant receive Norco, Tylenol and Vicosteron for pain relief. Chest x-ray imaging, wrist braces, and an ice pack were endorsed. The applicant's past medical history was not detailed or described. On February 16, 2015, the attending provider suggested that the applicant employ Tylenol No. 3 for postoperative pain relief purposes following planned carpal tunnel release surgery and de Quervain's release surgery of February 17, 2015. Once again, the applicant's past medical history was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Pre-operative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview#showall> Preoperative Testing .

Decision rationale: No, the request for a preoperative chest x-ray was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of preoperative testing. While Medscape does recommend chest x-ray testing in applicants older than 60 years of age and/or applicants in whom heart disease and/or lung disease are suspected, in this case, however, the applicant is 37-years of age. There is no mention of heart disease and/or lung disease being suspected here. The attending provider did not discuss the applicant's medical history on multiple progress notes, referenced above. Therefore, the request was not medically necessary.

Hydrocodone/APAP/Ondansetron 5/300/2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for Hydrocodone-acetaminophen-ondansetron, an amalgam of Norco and Zofran, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, however, the attending provider furnished the applicant with prescriptions for Tylenol No. 3, tramadol, Norco, and Vicosteron on February 16, 2015. It was not clearly stated why the applicant needed to use three to four separate short-acting opioids, namely Norco, tramadol, Vicosteron, and Tylenol with codeine postoperatively. Therefore, the request was not medically necessary.

Retrospective request for Hydrocodone/APAP 5/325mg #30 (DOS: 12/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for hydrocodone-acetaminophen (Norco), a short acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, however, the attending provider seemingly furnished the applicant with three to four different short-acting opioids on or around the dates in question, including Tylenol No. 3, Norco, tramadol, and Vicosteron. No clear or compelling rationale for provision of so many different short-acting opioids for postoperative pain relief purposes was set forth. Therefore, the request was not medically necessary.

Retrospective request for Tramadol 50mg #100 (DOS: 12/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Finally, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. Here, however, the attending provider seemingly furnished the applicant with prescriptions for four different short-acting opioids on or around the date in question, including Vicosteron, Norco, tramadol and Tylenol with codeine. No clear or compelling rationale for usage of so many different short-acting opioid agents was furnished. Therefore, the request was not medically necessary.