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| <b>Case Number:</b>   | CM15-0030846 |                              |            |
| <b>Date Assigned:</b> | 02/24/2015   | <b>Date of Injury:</b>       | 04/10/2010 |
| <b>Decision Date:</b> | 04/10/2015   | <b>UR Denial Date:</b>       | 02/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/18/2015 |

### 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, 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 51 year old male, who sustained an industrial injury reported on 4/10/2010. He has reported pain in his hands bilaterally. Diagnoses have included bilateral hand and wrist pain; and neuropathic pain treatments to date have included consultations; diagnostic imaging studies; left carpal tunnel release surgery (8/21/10); right carpal tunnel release (10/10/10); repeat bilateral open carpal tunnel release surgery (1/6/12); right median nerve decompression and tenosynovial flap nerve wrap (7/20/12); right median nerve extensive neurolysis (11/14/13); physical therapy; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary as of 10/20/2014. On 2/13/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 2/3/2015, for physical therapy 3 x a week x 4 weeks, for the bilateral wrists/hands; Tramadol HCL 50mg; and Voltaren Gel with 1 refill. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, physical medicine guidelines, opioids, topical analgesics; and the Official Disability Guidelines, Diclofenac topical, carpal tunnel syndrome procedure summary, physical medicine guidelines, opioids, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for 3x4 weeks for the bilateral wrists/hands: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient has had previously completed physical therapy, however, there is no documentation of pain relief or functional gain from previous physical therapy sessions. Furthermore, there is no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Lastly, the request exceeds the amount of PT recommended by guidelines for carpal tunnel syndrome. Unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.

**Tramadol HCL 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 75-80.

**Decision rationale:** Regarding the request for tramadol, Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol), is not medically necessary.

**Voltaren gel with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 112.

**Decision rationale:** With regard to the request for Voltaren gel, the CA MTUS recommend topical NSAIDs as an option on a short-term basis of 4 to 12 weeks. This should be applied in joints that are amenable to topical treatment, such as the knees, ankles, feet, hand and wrist. In the case of this injured worker, there is documentation that the patient has been on Voltaren gel for at least 12 weeks without documentation of symptomatic or functional improvement. In addition, there is no clear documentation of why an oral NSAID could not be tolerated in this patient. Given this information, this request is not medically necessary.