

Case Number:	CM15-0033980		
Date Assigned:	02/27/2015	Date of Injury:	05/29/2010
Decision Date:	04/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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 [REDACTED] beneficiary who has filed a claim for chronic hand, shoulder, and wrist pain reportedly attributed to cumulative trauma at work first claimed on May 29, 2010. In a Utilization Review Report dated January 23, 2015, the claims administrator failed to approve a request for tramadol, Elavil, and oral Voltaren. A December 11, 2014 progress note was referenced in the determination, along with an office visit of January 5, 2015. The applicant's attorney subsequently appealed. On January 5, 2015, the applicant reported persistent complaints of hand and wrist pain. The applicant is status post left and right carpal tunnel release surgery. The applicant was given refills of tramadol and Elavil. A rather proscriptive 5-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. No clear discussion of medication efficacy transpired on this date. On December 11, 2014, the applicant reported ongoing complaints of shoulder and wrist pain four months removed from earlier shoulder surgery. The applicant was apparently asked to follow up as needed on the grounds that the applicant was not a candidate for further surgical intervention. No clear discussion of medication efficacy transpired. On December 8, 2014, the applicant was given a prescription for tramadol, Voltaren, and Elavil and was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is seemingly off work, on total temporary disability, despite ongoing tramadol usage. The attending provider failed to outline any material improvements in function or quantifiable documents in pain affected as a result of ongoing tramadol usage (if any). Therefore, the request was not medically necessary.

Elavil 25 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

Decision rationale: Similarly, the request for Elavil (amitriptyline), an antidepressant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Elavil or amitriptyline, a tricyclic antidepressant, is recommended in the treatment of chronic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendation. Here, however, the applicant was/is off of work. The applicant continued to report difficulty-performing activities of daily living as basic as lifting, carrying, gripping, grasping, etc, despite ongoing Elavil usage. Ongoing usage of Elavil failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Elavil (amitriptyline). Therefore, the request was not medically necessary.

Voltaren 75 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Finally, the request for Voltaren, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off work, despite ongoing usage of oral Voltaren. Ongoing usage of Voltaren failed to curtail the applicant's dependence on opioid agents such as tramadol. The attending provider failed to outline any material improvements in function affected as a result of ongoing Voltaren usage (if any). All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20, despite ongoing usage of the same. Therefore, the request was not medically necessary.