

Case Number:	CM15-0047140		
Date Assigned:	03/19/2015	Date of Injury:	09/16/2011
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/12/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker (IW) is a 55-year-old female who sustained an industrial injury on 09/16/2011. Diagnoses include status post right and left carpal tunnel release. Treatment to date has included medications, bracing, physical therapy and cortisone injection. Diagnostics performed to date included electrodiagnostic studies, x-rays and MRIs. According to the PR2 dated 2/12/15, the IW reported bilateral wrist and hand pain with constant numbness and tingling and bilateral hand weakness. The exam found triggering of the right and left ring and pinky fingers and positive Phalen's and Tinel's signs. A consultation and re-evaluation with an orthopedic specialist and Ultram was requested due to continued bilateral hand and wrist pain in spite of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One consultation and re-evaluation with orthopedic specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing hand and wrist pain, weakness, numbness, and tingling. There was no discussion reporting what treatments had been tried or suggesting the reason a specialist consultation would be helpful in improving the worker's function. In the absence of such evidence, the current request for a consultation and re-evaluation by an orthopedic specialist is not medically necessary.

Ultram 50mg, one tab q8-12 hours quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Ultram (tramadol) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing hand and wrist pain, weakness, numbness, and tingling. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication, description of how often this medication was needed and taken, and documented exploration of potential negative effects. In the absence of such evidence, the current request for 90 tablets of Ultram (tramadol) 50mg taken one tablet every eight to twelve hours is not medically necessary.