

Case Number:	CM13-0035852		
Date Assigned:	12/13/2013	Date of Injury:	07/03/2013
Decision Date:	06/02/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert reviewer is Board Certified in Orthopedic Surgeon, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46 year old male injured on 07/03/13 due to excessive typing, writing, and using a mouse. The patient self-treated with Ibuprofen, ice packs, and rest with little benefit. The patient was then treated with physical therapy, OrthoStim unit, (NSAIDs) non-steroidal anti-inflammatory drugs therapy, narcotics, injections, and conductive glove garment. The most recent documentation indicated the patient's diagnoses included bilateral wrist/forearm sprain/tendinitis, DeQuervain's tenosynovitis, and right carpal tunnel syndrome. The patient reported increased pain in the bilateral wrists, right greater than left, difficulty gripping, grasping, pushing, and pulling. The patient rated his pain at 3/10 with medications and 7/10 without. The patient is utilizing Ultram 50mg e times a day. Examination revealed evidence of atrophy of the right wrist, tenderness to palpation over the 1st dorsal extensor compartment, positive Finkelstein's test, and decreased range of motion of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ULTRAM 50MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Ultram 50mg, #120 cannot be established at this time, therefore is not medically necessary.