

Case Number:	CM14-0149311		
Date Assigned:	09/18/2014	Date of Injury:	02/09/2011
Decision Date:	11/26/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 54-year-old female who reported a repetitive strain injury on 02/09/2011. The current diagnoses include status post right ulnar nerve release and left thumb trigger finger. The injured worker underwent a cubital tunnel release in 08/2014. Previous conservative treatment is noted to include physical therapy and medication management. The injured worker was evaluated on 08/22/2014. The injured worker reported an improvement in symptoms following surgery on 08/07/2014. Physical examination revealed a well healed surgical scar with mild keloid formation and a painful trigger thumb. Treatment recommendations included continuation of the current medication regimen of Naproxen, Norflex, and Omeprazole. A Request for Authorization form was then submitted on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 01/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Follow up evaluation with a general practitioner (cervical, thoracic, lumbar and bilateral elbows): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that physician followup generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, the injured worker was status post right ulnar nerve release on 08/07/2014. The injured worker reported an improvement in symptoms. The medical necessity for a followup evaluation with a general practitioner for the cervical spine, thoracic spine, lumbar spine, and bilateral elbows has not been established. There is no physical examination of the cervical or lumbar spine, or the bilateral elbows. Based on the clinical information received, the request is not medically necessary at this time.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-4 on page 172 and Table 8-8 on page 182. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers Compensation, Neck & Upper Back Procedure Summary, Updated 8/4/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. There was no physical examination of the cervical spine provided on the requesting date. Therefore, the medical necessity for the requested imaging study has not been established. As such, the request is not medically necessary.

Consultation with a neurosurgeon (cervical, thoracic, lumbar and bilateral elbows): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary, Updated 7/10/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a referral may be appropriate if the practitioner is uncomfortable with a line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no physical examination of the cervical spine, thoracic spine, lumbar spine, or bilateral elbows on the requesting date. Therefore, the medical necessity for the requested consultation has not been established. As such, the request is not medically necessary.

Retrospective use of Tramadol/APAP 37.5/325mg (DOS: 07/11/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 01/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.