

Case Number:	CM14-0212406		
Date Assigned:	01/02/2015	Date of Injury:	09/17/2010
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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, Ohio, 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] employee who has filed a claim for carpal tunnel syndrome, hand pain, wrist pain, and myofascial pain syndrome reportedly associated with an industrial injury of September 17, 2010. In a Utilization Review Report dated November 17, 2014, the claims administrator failed to approve requests for tramadol, laboratory testing, and trigger point injection therapy. Baclofen was approved. The claims administrator referenced a September 10, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On December 2, 2014, the applicant reported 8/10 multifocal pain complaints secondary to fibromyalgia and overuse syndrome. Ancillary complaints of elbow epicondylitis and carpal tunnel syndrome were also evident. The applicant was placed off of work, on total temporary disability. The applicant apparently had comorbid psychiatric issues. The applicant was given refills of tramadol, baclofen, and Neurontin. In a progress note dated October 17, 2014, the applicant again reported ongoing issues with shoulder pain, wrist pain, and elbow pain, exacerbated by gripping and grasping activities. Twelve sessions of physical therapy and a scar cream of some kind were endorsed. The applicant was status post right carpal tunnel release surgery on October 23, 2013 and left carpal tunnel release surgery on May 6, 2014. On November 4, 2014, the applicant again reported 8/10 pain, despite ongoing usage of Neurontin and tramadol. The applicant was again placed off of work, on total temporary disability, while CBC, CMP, CRP, and sed rate were endorsed. Trigger point injections were also sought. Tramadol, baclofen, and Neurontin were all renewed. It was not clearly stated why the laboratory testing in question was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available in immediate release tablet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, the applicant was/is off of work, on total temporary disability. The attending provider's commentary to the fact that the applicant is still having difficulty performing activities of daily living as basic as gripping and grasping likewise do not make a compelling case for continuation of ongoing tramadol usage. The attending provider did not, furthermore, outline any quantifiable decrements in pain achieved as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Labs: Complete Blood Count (CBC) with Differential, Comprehensive Metabolic Panel (CMP), C-Reactive Protein (CRP), Sed Rate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus website

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: Similarly, the request for CBC, CMP, CRP, and sed rate was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that ESR, CBC, and other tests for autoimmune diseases such as the CRP at issue here can be useful to screen for inflammatory or autoimmune source of joint pain, ACOEM qualifies this recommendation by noting that these tests should be used to confirm a clinical impression, rather than purely be employed as a screening test in a "shotgun" attempt to clarify reasons for unexplained pain complaints. Here, the attending provider did not furnish any rationale along with the request for the CBC, CRP, and sed rate components of the request. It was not clearly stated why these tests were being performed. Rather, it appeared that the attending provider was, in fact, performing these tests in an indiscriminate manner as opposed to for the purposes of confirming a suspected diagnosis of autoimmune inflammatory arthropathy. Therefore, the request was not medically necessary.

Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: Finally, the request for trigger point injections was likewise not medically necessary, medically appropriate, or indicated here. While page 122 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that trigger point injections are recommended for myofascial pain syndrome, with limited lasting value, in this case, however, the applicant's presentation does not appear to be consistent or compatible with the presence of palpable tender points and/or trigger points. The attending provider wrote on October 17, 2014 that the applicant had issues with scar sensitivity about the carpal tunnel region, had issues with shoulder impingement, had issues with neck pain. The attending provider wrote on November 4, 2014, that the applicant had issues with adjustment disorder, elbow epicondylitis, and carpal tunnel syndrome. The applicant's presentation, thus, was not at all suggestive of active trigger point for which trigger point injection therapy could be considered. Therefore, the request was not medically necessary.