

Case Number:	CM14-0219018		
Date Assigned:	01/09/2015	Date of Injury:	10/03/2012
Decision Date:	03/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/31/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old male, who sustained an industrial injury on October 3, 2012. He reported an injury that occurred from years of repetitive movements involved with carrying objects. The diagnoses at the time of injury included right carpal tunnel syndrome, residual left carpal tunnel syndrome status post-surgery, mild to moderate right ulnar nerve entrapment at the right elbow, mild left ulnar entrapment at the left elbow and injury to the left wrist with abnormal magnetic resonance imaging. Treatment to date had included medication pain management, bilateral wrist braces, physical therapy with a home exercise program, meditation and relaxation therapy and routine follow up. Currently at the physician's visit dated December 11, 2014, the IW complained of frequent pain and numbness in the right hand as well as painful movements of both wrists. The worker reported that pain had been gradually decreasing after undergoing surgery for release of left carpal tunnel syndrome. Pain was rated a three to seven on a scale of ten and had greater than 60-80 percent improvement in his ability to function finding it easier to perform various activities of daily living. The worker also had complaints of difficulty sleeping without medications. Physical exam was remarkable for decreased range of motion of the bilateral wrists in all directions. Diagnoses at this visit included moderate right carpal tunnel syndrome, status post-surgery for left carpal tunnel syndrome with residual carpal tunnel syndrome, mild to moderate right ulnar nerve entrapment at the right elbow and mild left ulnar nerve entrapment at the left elbow and injury of the left wrist with abnormal magnetic resonance imaging of the left wrist. On December 1, 2014, Utilization Review modified the request for a prescription of Ultram 100mg, count 60, noting that the request did not contain frequency for the

medication and that a previous prescription was for Ultram 200mg daily and was changed to 100mg twice daily. The approval was for Ultram 100mg, 30 count for weaning purposes. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On December 31, 2014, the injured worker submitted an application for IMR for review of Ultram 100mg, 30 count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: In this case, the treater indicates a decrease in pain with current medications which include Ultram, stating "with his current medications his pain is actually reduced to zero" per 11/10/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has not been asked for and no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.