

Case Number:	CM15-0113239		
Date Assigned:	06/19/2015	Date of Injury:	04/23/2014
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 36 year old male who sustained an industrial injury on 04/23/2014 resulting in injury to the left wrist/hand/elbow. Treatment provided to date has included: left carpal tunnel release (11/04/2014), physical therapy, cortisone injection to the left wrist medications, and conservative therapies/care. Diagnostic tests performed include: x-rays showing no acute fractures/findings; electrodiagnostic and nerve conduction testing of the left upper extremity (05/16/2014) showing evidence of moderate left carpal tunnel syndrome; and electrodiagnostic and nerve conduction testing of the bilateral upper extremities (03/20/2015) showing slight to moderate degree of carpal tunnel syndrome in the left upper extremity and a moderate degree of right ulnar neuropathy across the elbow. Other noted dates of injury documented in the medical record include: 2013 with a different employer. There were no noted comorbidities. On 04/22/2015, physician progress report noted complaints of pain in the left elbow and bilateral wrist. The pain was not rated in level of severity; but, was described as increased and constant, and associated with numbness and tingling in the left thumb, index finger and middle fingers. Current medications include over-the-counter Tylenol. The physical exam revealed tenderness to the palpation over the medial epicondyle of the left elbow, tenderness to palpation over the volar aspect of the right wrist, and tenderness to palpation over the volar aspect of the left wrist. The provider noted diagnoses of left elbow pain, left moderate carpal tunnel syndrome, status post left carpal tunnel release (11/04/2014), and right wrist pain. Plan of care includes continued home exercises, prescription for tramadol/APAP, and follow-up. The initial request for authorization for tramadol/APAP was dated 01/13/2015; however, it is not

known whether this was initially approved at that time. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: tramadol/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol-APAP 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol/APAP 50mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are left elbow pain; left wrist moderate carpal tunnel syndrome; left wrist carpal tunnel release; and right hand/wrist pain. A progress note dated January 6, 2015 shows the injured worker is taking over-the-counter Tylenol. A progress note dated February 17, 2015 shows the treating provider prescribed Tramadol/APAP 50 mg. Of progress note dated April 22, 2015 subjectively states the injured worker has left elbow and wrist pain with numbness and tingling in the left thumb and fingers. Objectively, there is tenderness of palpation over the medial epicondyle and tenderness over the volar aspect of the wrist. The current medication section states the injured worker is taking over-the-counter Tylenol. The treatment plan indicates a refill for tramadol/APAP 50 mg. There is no documentation indicating objective functional improvement with ongoing tramadol/APAP. There are no risk assessments for detailed pain assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to support ongoing tramadol/APAP, risk assessments and detailed pain assessments, Tramadol/APAP 50mg #60 is not medically necessary.