

Case Number:	CM15-0114328		
Date Assigned:	06/22/2015	Date of Injury:	06/06/2013
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female who sustained an industrial injury on 06/06/2013. Diagnoses include left elbow cubital tunnel syndrome and left wrist carpal tunnel. Treatment to date has included diagnostic studies, status post right shoulder arthroscopic surgery, right carpal tunnel release with residual, status post left long trigger ringer release, medications, physical therapy, and left wrist splint. Current medications include Ultram, Ibuprofen and Restoril. A physician progress note dated 05/21/2015 documents the injured worker was seen for medication refills. There is a positive Tinel at the left wrist and elbow. There is numbness present. In a Panel Selected Agreed Medical Re-Examination done on 04/20/2015, there is documentation that recommends a left carpal tunnel release and a left cubital tunnel decompression. She has numbness, tingling and weakness as well as problems with gripping and grasping activities. She states that she drops things on occasion. She also has occasional burning sensation and a general achiness and heaviness in the left arm. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for Restoril 15 mg #20 with 1 refill, and Ultram 50 mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 124, 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in June 2013 and continues to be treated for left upper extremity pain. When seen, she was having ongoing numbness. There was a positive Tinel's sign at the elbow and wrist. There was decreased grip strength. Ultram was prescribed at a total MED (morphine equivalent dose) of 10 mg per day. Ultram (tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Restoril 15 mg #20 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 124, 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Benzodiazepines. p24.

Decision rationale: The claimant sustained a work injury in June 2013 and continues to be treated for left upper extremity pain. When seen, she was having ongoing numbness. There was a positive Tinel's sign at the elbow and wrist. There was decreased grip strength. Restoril (temazepam) is a benzodiazepine used to treat insomnia symptoms. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Gradual weaning is recommended for long-term users. The ongoing prescribing of Restoril is not medically necessary.