

Case Number:	CM15-0117609		
Date Assigned:	07/01/2015	Date of Injury:	07/16/2008
Decision Date:	08/31/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, Michigan

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 injured worker is a 54 year old female who sustained an industrial injury on 07/16/2008. Current diagnoses include cervical strain, right shoulder impingement syndrome, and carpal tunnel syndrome. Previous treatments included medications, left carpal tunnel decompression with left index finger trigger release in 03/2010 and 04/2010, right shoulder surgery in 05/2011, right carpal tunnel, Guyon canal, and cubital tunnel release with right trigger thumb release on 07/2013, left carpal tunnel, Guyon canal and cubital tunnel release on 09/2013, physical therapy, injections, and home exercise program. Previous diagnostic studies include a urine drug screening dated 04/21/2015. Report dated 05/19/2015 noted that the injured worker presented with complaints that included neck pain with radiation down to both shoulders and down to her arms and fingers, and numbness and tingling in hands. Pain level was 4 (without medication) and 2 (with medication) out of 10 on a visual analog scale (VAS). Current medication regimen includes Butrans patch, gabapentin, Norco, and Tramadol with 75% pain relief. The injured worker uses Norco to alleviate neck pain and tramadol for break through pain. The injured worker stated that medications allow her to do more work around the house, which includes washing dishes, dusting, and cleaning her restroom. Physical examination was positive for decreased right hand grip strength, allodynia to light touch in the right lateral thumb, positive Tinel's on left, pain with cervical range of motion, palpable spasms in the cervical region and right trapezius muscle with positive twitch response, positive tenderness in the bilateral epicondyl, and decreased range of motion in the left shoulder with pain. The physician documented that the injured worker has shown functional improvement including activities of

daily living as documented and has returned to work. The treatment plan included continuing tramadol, Norco, ganapentin, and Butrans patch, there is a signed narcotic agreement on file and urine drug screen is consistent with prescribed medications, declined injection therapy for the right hand, previous request for cervical physical therapy and MRI, and bilateral EMG/NCV study have been denied, injured worker is status post right knee arthroscopy on 03/12/2015 for non-industrial injury, and return in one month for follow up. Report dated 03/23/2015 noted that the Norco was increased from twice per day to four times per day as needed. Disputed treatments include Norco and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Norco 10-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list-Hydrocodone/Acetaminophen Page(s): 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." Functional improvement means decrease in work restrictions or improvement in activities of daily living, and decreased dependence on medical treatment. The medical records submitted for review does not include the above-recommended documentation. The submitted medical records did not include documentation of the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. In addition, the documentation did not support a decrease in dependence on medical treatments as the injured worker continues to be seen monthly and in March, the frequency for Norco was increased. Therefore, the request for 120 tablets of Norco 10-325 mg is not medically necessary.

180 tablets of Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list-Tramadol (Ultram) Page(s): 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." Functional improvement means decrease in work restrictions or improvement in activities of daily living, and decreased dependence on medical treatment. The medical records submitted for review does not include the above-recommended documentation. The submitted medical records did not include documentation of the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. In addition, the documentation did not support a decrease in dependence on medical treatments as the injured worker continues to be seen monthly. Therefore, the request for 180 tablets of Tramadol 50mg is not medically necessary.