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| <b>Case Number:</b>   | CM15-0118449 |                              |            |
| <b>Date Assigned:</b> | 06/26/2015   | <b>Date of Injury:</b>       | 04/15/1996 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 05/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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: Pennsylvania

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 51-year-old female with a reported date of injury of 04/15/1996. The mechanism of injury was not indicated. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include carpal tunnel syndrome, congenital lumbar spondylosis, degeneration of lumbar or lumbosacral intervertebral disc, thoracic postlaminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis, unspecified myalgia and myositis, upper arm joint pain, pelvic region and thigh joint pain. Treatments and evaluation to date have included oral medications, trigger point injections, pool therapy, physical therapy, chiropractic treatment, and carpal tunnel syndrome injections. Tramadol has been prescribed from February 2014 to May 2015. Norco or Vicodin were prescribed from February 2014 to November 2014. The diagnostic studies to date were not indicated. The medical report dated 10/17/2014 indicates that the injured worker complained of elbow pain up to the neck. The pain radiated to the shoulders, fingers, arm, and bilateral upper extremities. The severity of the pain without pain medications was on average about 6 out of 10 with no medications. She was able to clean her home, able to drive, able to cook, and able to bathe/dress. Her work status was temporarily totally disabled. The medical report dated 05/11/2015 indicates that the injured worker complained of pain in the right wrist. The pain was described as burning, aching, a spasm, and swelling. The pain radiated to the shoulders, fingers, arm, and bilateral upper extremities. The severity of the pain without pain medications was rated on average about 8 out of 10. The duration of the effect of the medication was 4-5 hours. The side effects of the medication include headache. It was noted that the injured worker's Patient Activity Report results were appropriate, and her last urine test was appropriate. The injured worker had signed a pain agreement. It was also noted that she was receiving the lowest effective dose of pain

medication. The physical examination of the wrist/hand showed no swelling, no redness, normal flexion and extension, normal ulnar and radial deviation, normal grip, normal strength of flexors and extensors, and normal touch and pain sensations. The treatment plan included the refill of Tramadol and carpal tunnel injection. The right carpal tunnel injection was performed on the day of the visit. It was noted that the injured worker tolerated the procedure well, with decreased pain after the procedure. She was scheduled to follow-up in four weeks. The injured worker's work status was documented as temporary total disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Tramadol HCL 50mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) and Opioids Page(s): 113 and 74-96.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. The injured worker had been taking tramadol for more than one year. The CA MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." The CA MTUS Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no evidence of significant pain relief or increased function from the opioids used to date. Return to work was not documented, and there was no documentation of improvement in specific activities of daily living as a result of use of Tramadol. Therefore, the request for Tramadol is not medically necessary.

#### **Unknown injection for carpal tunnel under ultrasound guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 264, 264, and 269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 260-272.

**Decision rationale:** The CA MTUS/ACOEM Guidelines indicate that symptomatic relief of carpal tunnel syndrome from a cortisone/anesthetic injection will make the diagnosis easier; however, the benefit from these injections is short-lived. Most invasive techniques, such as injection procedures, have insufficient high quality evidence to support their use. For optimal care, a clinician may always try conservative methods before considering an injection. The guidelines also indicate that an injection of corticosteroids into the carpal tunnel in mild or moderate cases of carpal tunnel syndrome is recommended after a trial of splinting and medication. Carpal tunnel syndrome may be treated for four weeks with a splint and medications

before injection is considered, except in the case of severe carpal tunnel syndrome. The medical records did not include the results of electrodiagnostic studies. The wrist examination at the May 2015 visit was normal. The injured worker received an injection of dexamethasone and lidocaine to the left carpal tunnel on 11/17/2014 and to the right carpal tunnel on 05/11/2015. The side to be injected was not specified, although the documentation suggests that this request is for the injection to the right wrist that was performed on 5/11/15. There was no documentation that the injured worker had a trial of splinting of the wrist in neutral position as recommended by the guidelines. Therefore, the request for an injection for carpal tunnel under ultrasound guidance is not medically necessary.