

Case Number:	CM15-0120426		
Date Assigned:	06/30/2015	Date of Injury:	05/29/2014
Decision Date:	07/31/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/22/2015

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

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 36 year old male who sustained an industrial injury on 5/29/14 when he fell, landing on his right side and injuring the right elbow and right hand. His initial medical evaluation was one month after the fall and he was x-rayed and placed on modified duty. He also did physical therapy which was not helpful. He currently complains of right elbow and wrist pain. Severity of pain is dependent on activity. Pain affects his ability to grasp. He has some difficulty with all aspects of activities of daily living but for sensory functions. Medications are naproxen and Tramadol. Medications help the pain. Diagnoses include ligamentous right wrist injury; contusion right elbow; Keinbock's disease, right wrist. Diagnostics include MRI of the right wrist (5/12/15) abnormal; MRI of the right wrist (10/23/14) show Kienbock's disease; x-ray of the right elbow joint show no evidence of fracture. In the progress note dated 5/11/15 the treating provider's plan of care includes requests for naproxen sodium 550 mg one twice per day # 60; Tramadol 50 mg # 200 one to two four times per day as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg Qty: 60 x 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), specific drug list & adverse effects Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, a progress note on 2/17/2015 indicate that Naproxen is providing very little analgesic benefits, and no objective functional improvement. Given this, the currently requested Naproxen is not medically necessary.

Tramadol 50mg Qty: 200 x 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, On-going management Page(s): 93-94, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Ultram (tramadol), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, a progress note on 2/17/2015 indicate that Naproxen is providing very little analgesic benefits, and no objective functional improvement. Furthermore, there is no recent urine drug screen to monitor for aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol), is not medically necessary.