

Case Number:	CM15-0128256		
Date Assigned:	07/15/2015	Date of Injury:	05/17/2013
Decision Date:	09/08/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/03/2015

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 61 year old female, who sustained an industrial injury on 5/17/2013. She reported neck and low back pain after lifting an object weighing less than 5 pounds above her head. The injured worker was diagnosed as having bilateral moderate thumb metacarpocarpal arthritis, lumbar strain, lumbar facet syndrome, C6-7 cervical disc protrusion, and cervical degenerative disc disease. Treatment to date has included evaluation, x-rays, medications, physical therapy, acupuncture, and chiropractic care. The request is for Ultracet, and a referral to a hand surgeon for evaluation of mild carpal tunnel syndrome. Several pages of the medical records have handwritten information, which is difficult to decipher. On 2/11/2015, she complained of constant neck pain with radiation into her shoulders with associated numbness and tingling of the right hand and weakness in both hands. She also complained of low back pain. Physical findings revealed tenderness in the neck muscles, limited lumbar spine range of motion and tenderness in the low back muscles. She is noted to be currently working regular duties. She reported that physical therapy gave her no relief, and acupuncture to have given her relief. She rated her neck pain 8/10, low back pain 8/10, and hand pain 6-7/10. She is noted to have decreased range of motion to the neck, and low back. A magnetic resonance imaging of the neck is reported to have shown some mild degenerative disc disease. The treatment plan included placement on modified work, referral to a hand surgeon, and magnetic resonance imaging of the lumbar spine, and Advil. On 3/23/2015, a QME report indicated she complained of pain to the neck, bilateral hands, and low back. She also complained of difficulty falling asleep and waking during the night due to pain. She reporting sleeping 6 hours per night, and denied falling asleep

during the day. Her activities of daily living are reported as having difficulty with driving over one hour, she is able to perform all other activities of daily living without difficulty. The QME evaluator indicated recommendations would depend on the review of her medical records. On 3/25/2015, she complained of persistent bilateral thumb pain rated 8/10, and indicated it to have remained unchanged from her previous visit. She is noted to have a positive grind test bilaterally with marked limitations of motion of the metacarpocarpal joints. The treatment plan included referral to a hand specialist. On 5/13/2015, she complained of neck, low back, and bilateral hand pain. She rated her pain in the hands as 9/10, neck 4-5/10, and low back pain is 5-7/10, which increased to 9/10 with prolonged standing and ambulation. The treatment plan included Ultracet, and referral to hand surgeon. Physical findings noted a mild positive Tinel, Phalen, and carpal compression testing of both hands, and difficulties with pinching and repetitive forceful grip strength in both hands. On 6/24/2015, she complained of low back pain with radiation into the buttocks, and bilateral thumb pain. She rated her pain as 9-10/10. The treatment plan included Ultracet, Advil, acupuncture, and referral to hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on-going management Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol; Acetaminophen Page(s): 74-95, 113, 11-12. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Per Drugs.com, Ultracet is a combination of Tramadol and Acetaminophen. The CA MTUS guidelines recommend Acetaminophen for treatment of chronic pain & acute exacerbations of chronic pain. Per the CA MTUS, Tramadol (Ultram) is a synthetic opioid affecting the central nervous system that is not recommended as a first line oral analgesic. The CA MTUS indicates the 4 A's for ongoing monitoring should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The CA MTUS indicates opioids for neuropathic pain are not recommended as a first line therapy. Opioid analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The records do not indicate documentation of adverse side effects with Ultracet, aberrant drug taking behaviors, her current pain with the use of Ultracet, her least

reported pain over the period since her last assessment, her average pain with the use of Ultracet, the intensity of her pain after taking Ultracet, how long it takes for her to have pain relief with the use of Ultracet, or how long her pain relief lasts with the use of Ultracet. In addition, there is no indication of her quality of life or increased level of function with the use of Ultracet. Therefore, the request for Ultracet 37-325mg #60 with 1 refill is not medically necessary.

Referral to hand surgeon on the MPN for evaluation of mild carpal tunnel syndrome:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127, and on the Non-MTUS Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254, 266-267, 270.

Decision rationale: The ACOEM guidelines state referral for specialty care may be indicated if symptoms persist beyond 4 to 6 weeks. Referral for a hand surgery consultation may be indicated for patients who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications; and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Red flags for potentially serious forearm, wrist, or hand conditions include dislocation, tumor, inflammation, rapidly progressive neurologic compromise, vascular compromise, osteoarthritis, severe carpal tunnel syndrome, infection, or fracture. The physical examination should document muscle atrophy, severe weakness of the thenar muscles, dysesthesias in the median nerve distribution, and indications of causality. The records do not indicate that the injured worker had any red flags of a serious nature. She is noted to have complained of numbness and tingling in the hands and the provider indicated mild positive results of Tinel, Phalen, and carpal compression testing of both hands, and difficulties with pinching and repetitive forceful grip strength in both hands. The documentation does not indicate if the numbness and tingling is in the thumb, index, and middle fingers; occurs at night or with activity; or if there is hand pain radiating into the forearm, or if she has difficulty picking up small objects, or has decreased grip strength. Semmes-Weinstein monofilament, Durkan's, and Katz testing is not documented. The records do not indicate a failure of the acupuncture or chiropractic treatment received. There is no indication of splinting or avoidance of prolonged periods in wrist flexion or extension, modification of activities that cause significant symptoms, or a workstation assessment to insure optimal ergonomics. In addition, the injured worker is not indicated to be diagnosed with severe carpal tunnel syndrome. Therefore, the request for a referral to a hand surgeon on the MPN for evaluation of mild carpal tunnel syndrome is not medically necessary.