

<b>Case Number:</b>	CM15-0178232		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	07/02/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Orthopedic Surgery

### 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 53 year old male, who sustained an industrial injury on 7-2-15. The documentation noted on 8-17-15 the injured worker has complaints of pain in the left hand wrist with a pain level of 9 to 10 out of 10 and in the right hand and wrist the pain level is at 4 to 5 out of 10. The pain is associated with numbness and tingling sensation in the hand and fingers, aggravated by physical activities such as pushing, pulling, lifting, carrying, gripping, grasping, holding, fingering, writing and squeezing. The injured worker has a tendency to drop objects from his left hand, wearing clothes, fastening buttons and zipping a zipper, tying shoe laces, holding a soda and lifting a bag of groceries or a gallon of milk. X-rays orbits for foreign body on 6-17-15 showed no radiopaque foreign bodies identified in the region of either orbit. magnetic resonance imaging (MRI) arthrogram left wrist on 6-17-15 showed distal radioulnar joint effusion; no contrast-enhancement however is identified without full-thickness defect of the triangular fibrocartilage complex; increased signal along the membranous portion of the lunatotriquetral ligament with intact volar fibers; focal perforation is considered with subtle contrast signal along the mid carpal compartment; this however is in part related to age-related attenuation of the triquetra hamate ligament and intermediate signal along intact fibers of the scapholunate ligament without obvious full-thickness perforation. The diagnoses have included severe carpal tunnel syndrome, left; trigger finger, left, long and ring fingers; left ulnar nerve entrapment; anxiety and depression and insomnia. Treatment to date has included right shoulder surgery in 2013 and cortisone injections in the left palm that was not beneficial. The original utilization review (9-3-15) non-certified the request for one (1) left hand carpal tunnel release

and trigger finger of the long and ring finger; one pre-op clearance; prilosec 20mg #90 and tramadol 150mg #30

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

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

#### **Tramadol 150mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 8/7/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary.

#### **Prilosec 20mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 8/7/15 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore determination is for not medically necessary for the requested Prilosec.

#### **One (1) pre-op clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**One (1) left hand carpal tunnel release and trigger finger of the long and ring finger:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic); Forearm, Wrist & Hand (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluate for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records from 8/17/15 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of adequate bracing or injections in the records. Therefore the determination is not medically necessary.