

Case Number:	CM15-0179143		
Date Assigned:	09/21/2015	Date of Injury:	09/17/2008
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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, Indiana, New York
 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 37 year old female who sustained an industrial injury on 9-17-08. She had complaints of right upper extremity pain. Progress report dated 8-4-15 reports continued complaints of right wrist pain and numbness and tingling in the upper extremities. She is wearing a soft wrist brace. She has access to an elbow sleeve, elbow extension splint, hot and cold wrap, soft and rigid wrist braces and a two lead TENS unit. She states the braces need replacing. She reports limitation with gripping, grasping and torquing. She goes to the gym, uses treadmill and yoga exercise. Objective findings: she had tenderness along the supraclavicular and infraclavicular area and has been noted with tinel's, motion is satisfactory. She has tenderness along her forearm and her grip is weak. Diagnoses include: possible thoracic outlet syndrome of the right upper extremity and tenosynovitis along the forearm, wrist and hand, element depression, weight gain of 45 pounds. Plan of care includes: prescriptions given for naproxen 550 mg, flexeril 7.5 mg, lidoderm patches 5% and acipHex 20 mg, from the office she will receive flexeril and neurontin, request celebrex 200 mg, generic form of ultracet 37.5 mg, protonix, TENS unit with conductive garment, and carpal tunnel brace as well as a hinged elbow brace. Work status: limitations with repetitive motion of the wrist, gripping, grasping, torquing and overhead work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Generic form Ultracet 37.5mg #60 (Tramadol): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, generic Ultracet 37.5 mg #60 (tramadol) is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are possible thoracic outlet syndrome right upper extremity and tenosynovitis along the forearm, wrist and hand; element of depression; 45 pound weight gain. Date of injury is September 17, 2008. Request for authorization is August 7, 2015. According to a November 8, 2013 progress note, the treating provider prescribed tramadol, gabapentin, Flexeril and Protonix. According to the most recent progress note, dated August 4, 2015, tramadol has been denied for 8 to 9 months. Subjective complaints include right upper extremity pain with decreased ability to grasp. Objectively, there are vital signs present and an increase in supraclavicular and infraclavicular tenderness. The treating provider prescribed Ultracet 37.5 mg. There is no clinical indication or rationale for Ultracet. The documentation does not demonstrate objective functional improvement with ongoing tramadol. There are no detailed pain assessments or risk assessments in the medical record. The start date for Ultracet (tramadol/APAP) is unspecified. There is no documentation demonstrating objective functional improvement to support ongoing Ultracet. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with tramadol and or Ultracet, no pain assessments or risk assessments and tramadol denials for approximately 9 months, generic Ultracet 37.5 mg #60 (tramadol) is not medically necessary.