

Case Number:	CM15-0090735		
Date Assigned:	05/15/2015	Date of Injury:	09/12/2013
Decision Date:	06/30/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/11/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on September 12, 2013. He reported pain, weakness, and dropping of objects with his right hand as well as pain and locking of his right long and ring fingers, with repetitive motions of his right hand during the course of performing his job duties. The injured worker was diagnosed as having unspecified deformity of the forearm excluding fingers, pain in hand joint, and bilateral upper extremity carpal tunnel syndrome per nerve conduction study of January 8, 2015. Treatment to date has included physical therapy, trigger finger release, MRI, nerve conduction study (NCS), and medication. Currently, the injured worker complains of bilateral hand pain, with numbness and tingling and pins and needle sensations over the bilateral upper extremities. The Primary Treating Physician's report dated February 13, 2015, noted the injured worker reported no significant improvement following one session of physiotherapy. Physical examination was noted to show some fusiform swelling over the ring finger of the right hand. Previous trigger finger release was noted to have no significant improvement of symptomatology, with continued significant reduction in flexion at the digit. Tinel's and Phalen's signs were noted to be provocative for median nerve irritation. The treatment plan was noted to include eleven remaining sessions of physiotherapy; and the injured worker was to submit his prescription for Gabapentin for filling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opiates Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 09/12/13 and presents with bilateral hand pain. The request is for Tramadol 50 Mg #30 X 1 Refill. There is no RFA provided and the patient is to return to work with the following restrictions: no excessive pushing/pulling/twisting, no lifting over 10-15 pounds, and no excessive use of the right hand/arm. The report with the request is not provided, nor do any of the reports mention Tramadol. There are two progress reports provided from 01/20/15 and 02/13/15. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "criteria for use of opiates for long-term users of opiates (6 months or more)" states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient is diagnosed with unspecified deformity of the forearm excluding fingers, pain in hand joint, and bilateral upper extremity carpal tunnel syndrome per nerve conduction study of 01/08/15. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any before-and- after pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tramadol IS NOT medically necessary.

Ultrasound guided corticosteroid injection, right wrist CTS: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Carpal Tunnel Chapter, Cortisone Injection Elbow chapter, ultrasound diagnostic: Indications for imaging.

Decision rationale: The patient was injured on 09/12/13 and presents with bilateral hand pain. The request is for Ultrasound Guided Corticosteroid Injection, Right Wrist CTS. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is to

return to work with the following restrictions: no excessive pushing/pulling/twisting, no lifting over 10-15 pounds, and no excessive use of the right hand/arm. The report with the request is not provided, nor do any of the reports mention any prior corticosteroid injections the patient may have had to the right wrist. MTUS and ACOEM guidelines do not address this request. ODG guidelines support nerve injection for carpal tunnel syndrome, a similar condition to ulnar nerve entrapment. ODG guidelines, Carpal Tunnel Chapter under Cortisone Injection states that it recommends a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. Additional injections are only recommended on a case to case basis. Repeat injections are only recommended if there is evidence that a patient who has responded to the first injection is unable to undertake a more definitive surgical procedure at that time. For ultrasound, ODG guidelines states that it is recommended as an additional option only in difficult cases. High-frequency ultrasound examination of the median nerve and measurement of its cross-sectional area may be considered as an alternative diagnostic modality for the evaluation of CTS. ODG Elbow chapter under ultrasound diagnostic: Indications for imaging Ultrasound: Chronic elbow pain, suspect nerve entrapment or mass; plain films non-diagnostic (an alternative to MRI if expertise available), Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic (an alternative to MRI if expertise available). The 02/13/15 report states that the patient continues to have numbness and tingling, pins and needles sensations over the bilateral upper extremities, and fusiform swelling over the ring finger of the right hand. The patient is diagnosed with unspecified deformity of the forearm excluding fingers, pain in hand joint, and bilateral upper extremity carpal tunnel syndrome per nerve conduction study of 01/08/15. Treatment to date has included physical therapy, trigger finger release, MRI, nerve conduction study (NCS), and medication. Review of the reports provided does not indicate if the patient has had a prior corticosteroid injection to the right wrist. Given that the patient does present with CTS as indicated on the 01/08/15 nerve conduction study, numbness/tingling, pins and needles sensation, and fusiform swelling over the right finger of the right hand, a trial of corticosteroid injection to the right wrist appears reasonable and is indicated by ODG guidelines. The use of ultrasound for examination is also supported by the ODG guidelines. Therefore, the request IS medically necessary.