

Case Number:	CM15-0092638		
Date Assigned:	05/19/2015	Date of Injury:	06/23/2010
Decision Date:	07/07/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/13/2015

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 48 year old female who sustained an industrial injury on 06/23/2010. Diagnoses include right carpal tunnel syndrome, status post right carpal tunnel release on 01/13/2015, bilateral elbow medial epicondylitis as well as lateral epicondylitis, cubital tunnel syndrome on the left, bilateral wrist tendinitis with a history of bilateral carpal tunnel syndrome, cervical and trapezius sprain/strain, history of left carpal tunnel release and bilateral shoulder strain and impingement. Treatment to date has included diagnostic studies, medications, physical therapy, and home exercise program. A hand written physician progress note dated 04/15/2015 documents the injured worker complains of right wrist and hand pain and has tenderness to the CMC joint. She has a negative Tinel's and Phalen's. With medications, pain is decreased to 3-4 out of 10, and 6-7 out of 10 without medications. The injured worker can engage in light housework with the use of Ultram. Fexmid was discontinued and Zanaflex is ordered. The treatment plan includes Ultram, Anaprox DS, Zanaflex, post-operative physiotherapy right thumb, 2 view right thumb x ray, random urine sample, issued right thumb brace with writs spicca, and transportation to all medical appointments. Treatment requested is for post-operative physiotherapy 6 sessions 2 times a week for 3 weeks right thumb, transportation to all medical appointments, Ultram 50 mg #120, and Zanaflex 2 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #120: 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 OPIOIDS Tramadol (Ultram) Page(s): 76-78, 88-89, 113.

Decision rationale: Based on the 04/15/15 progress report provided by treating physician, the patient presents with right wrist and moderate right thumb pain. The patient is status post right carpal tunnel release 01/13/15. The request is for ULTRAM 50 MG #120. RFA dated 04/15/15 provided. Patient's diagnosis on 04/15/15 included bilateral elbow medial epicondylitis as well as lateral epicondylitis, cubital tunnel syndrome on the left, bilateral wrist tendinitis with a history of bilateral carpal tunnel syndrome, cervical and trapezius sprain/strain, history of left carpal tunnel release and bilateral shoulder strain and impingement. Treatments to date included surgery, physical therapy, chiropractic, home exercise program and medications. Patient's medications include Anaprox, Ultram and Zanaflex. The patient is temporarily totally disabled, per 04/15/15 report. Treatment reports were provided from 03/25/14 - 04/15/15. MTUS Guidelines pages 88 and 89 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 also requires documentation of the 4As (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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Ultram has been included in patient's medications, per progress reports dated 12/05/14, 03/03/15, and 04/15/15. Per 04/15/15 report, treater states "patient can engage in light house work with Ultram." Patient's pain is rated 3-4/10 with and 6-7/10 without medications. Functional benefits of medication include ability to perform ADL's, improved participation in home exercise program and improved sleep pattern. In this case, treater has addressed analgesia with numerical scales. However, stated functional benefits are general statements which do not address significant improvement in patient's activities of daily living. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, ADL's, adverse effects, etc. No UDS's, pain contract or CURES report. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Zanaflex 2 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasticity/antispasmodic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63-66.

Decision rationale: Based on the 04/15/15 progress report provided by treating physician, the patient presents with right wrist and moderate right thumb pain. The patient is status post right carpal tunnel release 01/13/15. The request is for ZANAFLEX 2 MG #120. RFA dated 04/15/15 provided. Patient's diagnosis on 04/15/15 included bilateral elbow medial epicondylitis as well as lateral epicondylitis, cubital tunnel syndrome on the left, bilateral wrist tendinitis with a history of bilateral carpal tunnel syndrome, cervical and trapezius sprain/strain, history of left carpal tunnel release and bilateral shoulder strain and impingement. Treatments to date included surgery, physical therapy, chiropractic, home exercise program and medications. Patient's medications include Anaprox, Ultram and Zanaflex. Patient's pain is rated 3-4/10 with and 6-7/10 without medications. Functional benefits of medication include ability to perform ADL's, improved participation in home exercise program and improved sleep pattern. The patient is temporarily totally disabled, per 04/15/15 report. Treatment reports were provided from 03/25/14 - 04/15/15. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." Per 04/15/15 report, treater states Zanaflex "treatment of spasm to restore activity and function." It appears Zanaflex is being initiated, as it is only mentioned in latest progress report dated 04/15/15. Given the patient's diagnosis and continued pain, trial of Zanaflex appears reasonable and indicated by guidelines. Therefore, the request IS medically necessary.

Post-operative physiotherapy 6 sessions 2 times a week for 3 weeks right thumb: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: Based on the 04/15/15 progress report provided by treating physician, the patient presents with right wrist and moderate right thumb pain. The patient is status post right carpal tunnel release 01/13/15. The request is for POST-OPERATIVE PHYSIOTHERAPY 6 SESSIONS 2 TIMES A WEEK FOR 3 WEEKS RIGHT THUMB. RFA dated 04/15/15 provided. Patient's diagnosis on 04/15/15 included bilateral elbow medial epicondylitis as well as lateral epicondylitis, cubital tunnel syndrome on the left, bilateral wrist tendinitis with a history of bilateral carpal tunnel syndrome, cervical and trapezius sprain/strain, history of left carpal tunnel release and bilateral shoulder strain and impingement. Treatments to date included surgery, physical therapy, chiropractic, home exercise program and medications. Patient's

medications include Anaprox, Ultram and Zanaflex. The patient is temporarily totally disabled, per 04/15/15 report. Treatment reports were provided from 03/25/14 - 04/15/15. MTUS Carpal Tunnel Syndrome page 15 allows postsurgical treatment for endoscopic and open 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patient's right CTR is dated 01/13/15. RFA is dated 04/15/15 and UR letter is dated 05/06/15. The patient is no longer within post-operative treatment period. Treater states physiotherapy directed to right CMC joint with goal of decreasing pain and increasing range of motion and flexibility. However, per 04/15/15 report, the patient attended 23 of 24 physical therapy visits. It appears treater is requesting additional 6 sessions of physical therapy. Treater does not discuss why patient cannot move on to home exercise program and needs formalized therapy. Furthermore, the patient has already exceeded MTUS recommendations, and additional sessions would be excessive. Therefore, the request IS NOT medically necessary.

Transportation to all medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & leg chapter, Transportation (to & from appointments).

Decision rationale: Based on the 04/15/15 progress report provided by treating physician, the patient presents with right wrist and moderate right thumb pain. The patient is status post right carpal tunnel release 01/13/15. The request is for TRANSPORTATION TO ALL MEDICAL APPOINTMENTS. RFA dated 04/15/15 provided. Patient's diagnosis on 04/15/15 included bilateral elbow medial epicondylitis as well as lateral epicondylitis, cubital tunnel syndrome on the left, bilateral wrist tendinitis with a history of bilateral carpal tunnel syndrome, cervical and trapezius sprain/strain, history of left carpal tunnel release and bilateral shoulder strain and impingement. Treatments to date included surgery, physical therapy, chiropractic, home exercise program and medications. The patient is temporarily totally disabled, per 04/15/15 report. Patient's medications include Anaprox, Ultram and Zanaflex. Treatment reports were provided from 03/25/14 - 04/15/15. ODG-TWC guidelines, Knee chapter under Transportation (to & from appointments) states: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport (CMS, 2009)." AETNA has the following guidelines on transportation: "The cost of transportation primarily for and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." Treater has not provided medical rationale for the request. In this case, there is no mention that the patient has disabilities preventing her from self-transport. Treater does not document the patient's social situation,

either. It is not clear why a friend or a family member cannot drive the patient to the medical appointments. Additionally, the medical reports do not indicate nursing home level care. Therefore, the request IS NOT medically necessary.