

Case Number:	CM15-0096992		
Date Assigned:	05/27/2015	Date of Injury:	12/20/2003
Decision Date:	06/26/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/19/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female with a December 20, 2003 date of injury. A progress note dated April 7, 2015 documents subjective findings (pain in the right wrist; bilateral shoulder pain; neck pain), objective findings (slight trapezial and paracervical tenderness; decreased range of motion of the cervical spine with some pain; positive Spurling's test on the left; mild stiffness of the shoulders with pain on range of motion; 1.0 centimeter mass over the dorsal aspect of the right wrist which is slightly tender; pain in the dorsal aspect of the right wrist with range of motion; Tinel's sign positive at the left cubital tunnel), and current diagnoses (right dorsal wrist ganglion cyst; trapezial, paracervical and parascapular strain; left cubital tunnel syndrome; bilateral forearm tendinitis; status post excision of left dorsal wrist ganglion cyst. Treatments to date have included left wrist surgery, psychotherapy, imaging studies, diagnostic testing, and bracing. The treating physician documented a plan of care that included Tramadol and excision of the right wrist ganglion cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol ER 150mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 89.

Decision rationale: Tramadol ER 150mg, #30 is not medically necessary. Tramadol is a centrally-acting opioid. Per MTUS page 83, opioids for osteoarthritis are recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDs. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if; (a) there are no overall improvement in function, unless there are extenuating circumstances. (b) Continuing pain with evidence of intolerable adverse effects. (c) Decrease in functioning. (d) Resolution of pain. (e) If serious non-adherence is occurring. (f) The patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid.

1 excision of the right dorsal wrist ganglion cyst with posterior interosseous: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic), Surgery for ganglion cysts.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity Complaints: Treatment Consideration.

Decision rationale: 1 Excision of the right dorsal wrist ganglion cyst with posterior interosseous is not medically necessary. Patients with chronic pain, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehab (PM&R) specialist may help resolve symptoms. Based on extrapolating studies on chronic pain, it also would be prudent to consider a psychological evaluation of the patient prior to referral for surgery. The physical exam was did not exhibit severe nerve root compromise, deformity or disability; therefore the requested surgery is not medically necessary.