

Case Number:	CM13-0019325		
Date Assigned:	10/11/2013	Date of Injury:	03/16/2012
Decision Date:	02/13/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed claims for bilateral carpal tunnel syndrome, knee pain, and low back pain reportedly associated with an industrial injury of March 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; electrodiagnostic testing of November 26, 2012, notable for mild bilateral carpal tunnel syndrome; attorney representation; topical lotion; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of August 14, 2013, the claims administrator approved a request for bilateral carpal tunnel release surgery and a prescription of Prilosec while denying a request for Tramadol. The applicant's attorney subsequently appealed. In a September 5, 2013 letter, the attending provider states that applicant is pending carpal tunnel release surgery and also has multiple foci of pain, including about the knee and low back. The applicant states that her pain score has dropped from 2 to 3/10 with medications to 6 to 7/10 without medications. It is reiterated that Tramadol is generating appropriate analgesia here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg 1 tab b.i.d. #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, When to continue Opioids Page(s): 80, 94.

Decision rationale: As noted on Page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol or Ultram is indicated in the presence of moderate to severe pain, as appears to be present here. The applicant does have ongoing issues with multifocal moderate-to-severe pain that have proven recalcitrant to time, bracing, etc. The attending provider has suggested that the applicant is demonstrating appropriate analgesia and improved performance of nonwork activities of daily living through ongoing Tramadol usage, although it is acknowledged that she has failed to return to work. Thus, on balance, the applicant's seemingly meets two of three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review