

Case Number:	CM13-0020506		
Date Assigned:	10/11/2013	Date of Injury:	03/12/2003
Decision Date:	02/24/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/05/2013

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 Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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 patient is a 54-year-old male who reported injury on 03/12/2003. The mechanism of injury was stated to be a blow to the head by a bucket/backhoe. The patient was noted to undergo a wrist arthroscopy with intra-articular shaving, and an open scapholunate ligament reconstruction on 08/02/2013. The patient's diagnosis was not applicable, per the submitted documentation. The request was noted to be for a retrospective certification for 60 Tramadol 150 mg ER, submitted on of 08/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tramadol 150 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113 & 78.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS states central analgesic drugs such as Tramadol (Ultram®) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommends that there should be documentation of the 4 A's for Ongoing Monitoring including

analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. There was a lack of documentation of the patient's objective and subjective complaints/findings for the requested date of service, therefore, the retrospective request for 60 Tramadol 150 mg is not medically necessary.