

Case Number:	CM13-0042275		
Date Assigned:	12/27/2013	Date of Injury:	12/21/2011
Decision Date:	03/12/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/30/2013

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 Internal 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:

This a 50 year old male who on 12/11/2011 sustained a fracture of the right distal radius fracture, he underwent open reduction and internal fixation of the right radius, the patient subsequently developed right carpal tunnel syndrome and the eventually had the right CTR (carpal tunnel release) with tenosynovectomy on 7/3/2013. , he had an uneventful recovery. As a last note from the surgeon [REDACTED] on 11/ 14 /13 the patient is doing well and had no complaints (It's unclear if the patient was on tramadol at the time), However there is a mention in the note from the Ortho PCP that he should have the tramadol renewed and also the patient prior to the surgery had been given tramadol for the pain and numbness. Therefore it appears that the patient was taking tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg tab (60 tabs, 20 day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS Chronic Pain Guidelines, tramadol is not recommended as a first-line oral analgesic. The medical records indicate that the patient had

been doing well and had no symptoms, and in addition the tramadol is not indicated as first line analgesic, therefore tramadol is not indicated for the patient.