

Case Number:	CM13-0064756		
Date Assigned:	01/03/2014	Date of Injury:	08/14/2013
Decision Date:	06/16/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 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/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 46 year old female who was injured on 8/14/2013. The diagnoses listed are carpal tunnel syndrome, tenosynovitis, right upper extremity pain, myofascial pain and neck pain. The patient had completed physical therapy, TENS unit use and acupuncture treatments. On 10/21/2013 [REDACTED] noted that there was no neuropathy after a Nerve conduction study. The medications are listed as Norco 10/325mg, cyclobenzaprine, Tizanidine, Tylenol and Ultracet. The patient complained of feeling excessive sleepiness from the use of Ultram or Vicodin. She was advised to use ½ a tablet of tramadol. The UDS on 10/28/2013 was Consistent for being positive for tramadol. The patient had since returned to work. A Utilization Review was rendered on 12/2/2013 recommending modified certification of tramadol 50mg bid #60 to #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG TWICE DAILY #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC regarding Pain (updated 11/14/13).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The CA MTUS addressed the indications for the use of opioid treatment in the management of chronic musculoskeletal pain. Opioids can be utilized for short term treatment of severe pain during acute injury or periods of exacerbations of chronic pain that is non responsive to standard treatment with NSAIDs, physical therapy and exercise. Tramadol is an analgesic that acts on both opioid and non opioid receptors. It is associated with less opioid addictive and sedative properties than pure opioids analgesics. Documentation during opioid therapy should include compliance monitoring measures such as Pain Contract, UDS monitoring, presence of aberrant behaviors, improvement in ADL and the absence of adverse medication effects. This patient had complained of excessive sleepiness with the use of tramadol 50mg. She was advised to cut the tablet in half. Therefore, the request for Tramadol 50mg is not medically necessary.