MAXIMUS Federal Services

Case Number:	CM13-0066770		
Date Assigned:	04/02/2014	Date of Injury:	09/07/2007
Decision Date:	05/26/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 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 57 year old female who was injured on 09/07/2007. The patient sustained an injury to the right hand and bilateral wrists. The patient had micro-trauma from repetitive work in food processing. With this, she had gradual onset of pain in her hands, wrists and forearms legs, low back and neck. The patient's medications as of 02/10/2014 include: Xanax 0.5 mg as needed for stress from pain, Mobic 15 mg, Topamax 50 mg for nerve pain, Tramadol cream 10%, Tramadol ER 150 mg 1 tab by mouth and Voltaren Gel. The patient's medications as of 11/11/2013 include: Norco, Mobic 15 mg, Topamax 50 mg, Tramadol 50 mg Voltaren Gel, Tramadol cream 10% and Omeprazole 20 mg. The patient's medications as of 10/17/2013 include: Norco, Mobic 15 mg, Topamax 50 mg, Tramadol 50 mg Voltaren Gel, Tramadol cream 10% , Voltaren Gel and Nabumetone 750 mg. PR2 dated 02/10/2014 reported no new injuries; no new problematic activity exposures. The patient did have a home exercise program that had been taught to her in therapy and/or in the clinic. The patient noted no significant symptomatic or functional changes. On examination of the upper extremities, she was still diffusely weak and hypersensitive over the distal right hand, slightly pale with lesser symptoms on the left side. No other gross symptoms were noted. The patient was diagnosed with DeQuervains Tenosynovitis, ulnar neuritis, cervical radiculopathy, hand pain, wrist pain, chronic pain, tendonitis, and trigger finger. The patient was noted to have a chronic condition, and it was felt that pain psychology should be implemented. The patient was instructed to continue with medications. PR2 dated 12/12/2013 stated the patient was instructed to continue with medications from other providers such as Norco, Mobic 15 mg, Topamax 50 mg, Voltaren Gel, Tramadol cream 10% cream, Omeprazole 20 mg and Tramadol ER 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

Decision rationale: The California MTUS Guidelines recommend Tramadol for moderate to severe pain for the shortest duration possible. This is a request for Tramadol for chronic bilateral hand and wrist pain from a 9/7/2007 repetitive use injury. Long-term opioid use for chronic pain has not been shown to result in improved pain, functional benefit, or improved quality of life. From review of the medical records, there does not appear to have been a significant flare-up. Further, the source of the patient's pain and objective pathology are not clearly established. Functional benefit and pain reduction due to Tramadol use is not established. It is not clear if the patient is working. Medical necessity is not established.