

Case Number:	CM14-0014116		
Date Assigned:	02/26/2014	Date of Injury:	05/19/2004
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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 applicant has filed a claim for carpal tunnel syndrome and chronic wrist pain reportedly associated with an industrial injury of May 19, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier carpal tunnel release surgery; opioid therapy; and the apparent imposition of permanent work restrictions. A November 6, 2013 medical progress note is notable for comments that the applicant reported persistent hand and wrist pain with associated symptoms of numbness, tingling, and paresthesias. The applicant is having difficulty with griping, grasping, and repetitive motion. The applicant was on Vicodin and Naprosyn at that point in time. The applicant was continuing to use a wrist splint, it was stated. Permanent work restrictions were again endorsed. It does not appear that the applicant is working with said permanent limitations in place. Urine drug testing of July 3, 2013 was reportedly negative for all substances tested, including opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL 50 MG QTY 60-15 DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing MTUS Chronic Pain Medical Treatment Guidelines, When to Continue Opioids, page 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, however, it is not clearly stated why the applicant needs to employ two separate short acting opioids namely Vicodin and tramadol. It is further noted that the tramadol was not exquisitely mentioned in the progress report in question. It does not appear, moreover, that the applicant has met criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant does not appear to have returned to work. The applicant is still having complaints, which do not appear to have been appreciable ameliorated with ongoing opioid therapy. The applicant's ability to perform even basic activities of daily living, such as gripping and grasping, have been limited, despite ongoing opioid usage. Therefore, the request for tramadol HCL 50mg #60-15 Day is not medically necessary and appropriate.