

Case Number:	CM14-0014243		
Date Assigned:	02/26/2014	Date of Injury:	05/24/2011
Decision Date:	07/22/2014	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 Physical Medicine and Rehabilitation, 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 injured worker is a 29-year-old male who reported an injury on 05/24/2011. The mechanism of injury was a fall. Diagnoses include left upper extremity pain, complex regional pain syndrome. Previous treatments included injections, medication, stellate ganglion block, and magnetic resonance imaging (MRI). The current medication regimen includes Ketaprofen, tramadol, Senna, pantoprazole, tizanidine, gabapentin, Zolpidem. Within the clinical note dated 12/18/2013, reported the injured worker complained of chronic left upper extremity pain secondary to possible complex regional pain syndrome of the upper extremity versus ulnar neuropathy. The injured worker reported his pain to be 7/10 in severity. He indicated his arm was very weak and he is completely unable to use it. Upon the physical examination, the provider noted strength in the right upper extremity is 5/5, where his strength in the left upper extremity is 3/5 in the deltoid abduction and adduction. The provider indicated that the injured worker's left hand appeared colder, darker, and clammy than the right hand without change in arm hair distribution. The provider indicated sensation is decreased on the medial aspect of the left arm to pinprick and cold including the 4th and 5th finger. The provider requested for tramadol. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The injured worker complained of chronic left upper extremity pain secondary to possible complex regional pain syndrome of the upper extremity versus ulnar neuropathy. The injured worker rated his pain 7/10 in severity. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines note that pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided in the documentation submitted. The injured worker had been utilizing the medication since at least 10/2013. Therefore, the request for tramadol 50 mg #60 is not medically necessary and appropriate.