

Case Number:	CM14-0111863		
Date Assigned:	09/16/2014	Date of Injury:	05/16/2002
Decision Date:	12/04/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 60-year-old female with a 5/16/02 date of injury. According to a progress report dated 7/1/14, the injured worker was waiting authorization for total joint replacement of the left knee. She reported persistent pain along the left wrist, thumb, and the first finger with numbness and tingling. She has failed all the conservative treatment. Objective findings: tenderness along the A1 pulley at the base of thumb with mild triggering, positive Tinel's at wrist as well as positive Phalen. Diagnostic impression: carpal tunnel syndrome bilaterally, trapezium arthritis on the right, stenosis tenosynovitis on A1 pulley of the thumb on the left. Treatment to date: medication management, activity modification, cortisone steroid injection, surgery. A UR decision dated 7/11/14 modified the request for Tramadol ER 150mg from 30 tablets to 15 tablets for weaning purposes. Documented improvement in pain control and documented objective functional improvement are not noted. There is no documentation of a signed opioid agreement or twice per year urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opiates Page(s): 113, 78-81.

Decision rationale: CA MTUS states that "Tramadol (Ultram) is not recommended as a first-line oral analgesic." This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation that the injured worker has had a trial and failure of a first-line oral analgesic. There is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the 2002 date of injury, over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Tramadol ER 150 mg #30 is not medically necessary.