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| Case Number: | CM14-0116101 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 03/06/2014 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

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, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 47-year-old male who reported injury 03/06/2014. The mechanism of injury was not provided within the medical records. The clinical note dated 07/03/2014 indicated a diagnoses of right carpal and bilateral cubital tunnel syndrome with right sided ulnar nerve subluxation, history of left carpal tunnel syndrome, bilateral lateral epicondylitis with left wrist tendonitis, and left carpal tunnel release dated 06/25/2014. The injured worker reported mild pain following the left carpal tunnel decompression. On physical examination, the injured worker had tenderness to palpation with modest elbow pain and additional painful stimuli emanating from lateral epicondylitis. The injured worker's treatment plan included suture removal, postoperative therapy, medication dispensed of Ultram and follow-up. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Ultram. The provider submitted a request for Ultram. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram Er 150mg 1 tablet daily may increase to x2 day #60: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) page 113. The Expert Reviewer's decision rationale: The California MTUS guidelines states "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status and evaluation of risk for aberrant drug use, behaviors and side effects. Therefore, the request for Ultram is not medically necessary.