

Case Number:	CM14-0127914		
Date Assigned:	08/15/2014	Date of Injury:	09/13/2011
Decision Date:	09/18/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/11/2014

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 Nevada. 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 records, presented for review, indicate that this 53 year old male was reportedly injured on 9/13/2011. The mechanism of injury was noted as a fall. Most recent progress note, dated 3/10/2014, indicated that there were ongoing complaints of left wrist pain. The physical examination demonstrated left wrist positive Tinel's test, positive Phalen's test, and positive median nerve compression test. There was also positive snuffbox tenderness. Decreased range of motion was also noted. Diagnostic imaging studies included an electromyography (EMG) of bilateral upper extremities, dated 2/14/2014, which revealed normal study. Previous treatment included medication, and conservative treatment. A request was made for Tramadol extended release (ER) 150 milligrams quantity thirty and was not certified in the preauthorization process on 7/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30, Dispensed 5/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113, OF 127.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short term use, after there has been evidence of failure of a first line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review, of the available medical records, fails to document any improvement in function or pain level with the previous use of tramadol. As such, the request is not considered medically necessary.