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| Case Number: | CM14-0155284 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 11/01/2009 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 08/18/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 Neurology 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 (IW) is a 59 year-old female with a reported date of injury of 11/1/2009. There is no documentation provided in this report to state the mechanism of injury. The IW reports pain in the wrist (status post carpal tunnel release surgery on 12/9/13). The IW also reports pain in the low back, left shoulder and left knee. Previous MRI's of the lumbar spine and left shoulder are referenced from a prior utilization review stating only the lumbar spine was notable for mild scoliosis and endplate signal change at the T12-L1 level. The left shoulder MRI was notable for tendinopathy of the infraspinatus tendon. The physical exam is notable for pain in flexion of the left wrist. The IW has been treated for her pain with Tramadol (with both the immediate and extended release formulations) for several months. The initial progress notes reports of her pain reduction with the use of Tramadol (this note is date 1/13/14). The IW has been prescribed and is reported to be using Tramadol for pain relief. A qualitative urine drug screen dated 5/5/14 has been performed with no evidence of Tramadol-use reported. A previous request for a prescription of Tramadol 150 mg #60 was determined to be not medically necessary

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - On going management Page(s): 78.

Decision rationale: For patients that are using opioids (in this case Tramadol -- a centrally acting synthetic opioid), repeated assessment is needed to verify compliance and adequate pain control. As part of this process, drug screening is required to ensure the patient has been compliant and is not taking illicit substances during this treatment. In this particular case the qualitative drug screen from 5/5/14 did not detect Tramadol despite IW's reports of the efficacy of Tramadol to control her pain. Since this demonstrates poor compliance for the on-going management for patients on opioids, the request for Tramadol 150mg #60 with one refill is not medically necessary and appropriate.