

Case Number:	CM14-0044311		
Date Assigned:	07/02/2014	Date of Injury:	12/09/2006
Decision Date:	08/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational Medicine 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:

This is a 59 year-old female with a 12/9/06 date of injury. She is status post a left carpal tunnel release on 10/11/12 with recurring numbness and tingling. The patient was seen on 2/20/14 with complaints left hand numbness and tingling. She received a steroid injection and noted a 2-week attenuation of her symptoms however, they have recurred. Exam findings revealed focal tenderness in the left carpal tunnel with dysesthesia in the thumb and index finger. Tinel, Phalen, and Durkin signs were positive. Sensation over the median nerve was noted to be decreased. The diagnosis is Carpal Tunnel Syndrome. Treatment to date: is surgery and medications. The request was modified in a UR decision dated 3/12/14 from Tramadol 100 mg #30 three refills to #20 with 0 refills as the patient has been on this medication since August of 2013 and there is no documentation of symptom relief or functional gains. In addition, it was noted a prior review recommended initiating a taper, which the patient should have completed by the time of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100 mg #30 with refills: Upheld

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

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

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. 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. The patient has been on this medication since at least August 2013 and there is a lack of documentation to support a decrease in visual analog scale (VAS) or ongoing functional gains with this medication. In addition, the request is for an unspecified amount of refills and patients on this medication must have ongoing monitoring with regard to pain relief and functional gains with use of this medication. Therefore, the request for Tramadol ER 100 mg #30 was not medically necessary.