

Case Number:	CM14-0050000		
Date Assigned:	07/16/2014	Date of Injury:	09/01/2008
Decision Date:	09/15/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/17/2014

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, Pain Medicine and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 09/01/2008. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her bilateral upper extremities. The injured worker's treatment history included physical therapy, injections, immobilization, and surgical intervention. The injured worker was evaluated on 04/01/2014. It was documented that the injured worker had daily pain complaints rated at 8/10 to 9/10. It was noted that the injured worker's medications included Tramadol for pain, LidoPro lotion for pain, and Remeron for sleep. Physical findings included normal range of motion of the bilateral wrists with no evidence of acute distress. The injured worker's diagnoses included carpal tunnel syndrome bilaterally status post decompression, and right joint inflammation of the right wrist with negative ulnar variance at the wrist. An appeal request was made for Tramadol extended release 150 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol (Ultram ER) 150 mg #30: Upheld

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

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

Decision rationale: The retrospective request for Tramadol (Ultram ER) 150 mg #30 is not medically necessary or appropriate. The clinical documentation submitted for review contained several dates of service. As the date of service that should be retrospectively reviewed was not submitted in the request, there is no way to determine the appropriateness of the medication retrospectively. The injured worker was evaluated on 04/01/2014. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review did not provide a quantitative assessment of pain relief or documentation of functional benefit. A review of the submitted documentation did not provide any evidence that the injured worker is regularly monitored for aberrant behavior. In the absence of this information, continued use of this medication would not be supported. Furthermore, the request as it is submitted did not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the retrospective Tramadol (Ultram ER) 150 mg #30 is not medically necessary or appropriate.