

Case Number:	CM14-0050068		
Date Assigned:	07/07/2014	Date of Injury:	07/01/2009
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
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 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:

The patient is a 61-year-old female who has submitted a claim for carpal tunnel syndrome bilaterally, s/p decompression with ongoing symptomatology, trigger finger of long finger bilaterally, associated with an industrial injury date of July 01, 2009. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 06/12/2014, showed persistent bilateral wrist pain. There was still frequent numbness and tingling sensation. The symptoms caused weaker gripping and grasping. She was able to hold less than 2 pounds. Physical examination revealed the patient was not in acute distress. Range of motion of bilateral wrists and hands was satisfactory. There was no swelling noted. Treatment to date has included bilateral carpal tunnel release (December 2009), physical therapy, TENS, and medications such as Tramadol since October 2013. Utilization review from 04/04/2014 denied the request for the purchase of Tramadol ER 150 mg #60 (between 03/20/2014 and 03/20/2014) and Tramadol ER 150 mg #60 (between 03/20/2014 and 06/02/2014) because on the exam of 02/18/2014, the provider prospectively requested a prescription of Tramadol; however, the reviewer found that the patient did not demonstrate overall significant improvement from its use and weaning was instituted. The exam of 03/20/2014 also did not demonstrate quantified functional improvement with the use of Tramadol. There was no medical justification to continue a prescription of Tramadol at that time and a weaning dose was provided to wean the patient off an ineffective medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol ER 150 MG, #60 (DOS: 3/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93, 94 AND 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

Decision rationale: According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been taking Tramadol since October 2013. The recent progress report, dated 06/12/2014, claimed that Tramadol helped to decrease her pain and allowed her to be functional. Guideline criteria were met. However, it was unclear why a simultaneous request for a similar drug, dosage, and quantity had been submitted. Therefore, the request for Tramadol 150 MG, #60 is not medically necessary.

Prospective request for Tramadol ER 150 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93, 94 AND 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

Decision rationale: According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been taking Tramadol since October 2013. The recent progress report, dated 06/12/2014, claimed that Tramadol helped to decrease her pain and allowed her to be functional. Guideline criteria were met. However, it was unclear why a simultaneous request for a similar drug, dosage, and quantity had been submitted. Therefore, the request for Tramadol 150 MG, #60 is not medically necessary.