

Case Number:	CM14-0050364		
Date Assigned:	06/25/2014	Date of Injury:	07/04/2008
Decision Date:	07/28/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopedic Surgery, 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 is a 52-year-old male who was reportedly injured on July 4, 2008. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated February 19, 2014, indicated there were ongoing complaints of right wrist pain as well as numbness and tingling in the bilateral hands and fingers. Pain level was stated to be 10/10 without medications and 7/10 with medications. The physical examination demonstrated tophi on the fingers and hands and decreased right sided grip strength. There were diagnoses of status post right carpal tunnel release, puncture injury on the right wrist and hand, and gouty arthritis. A request was made for tramadol and was not medically necessary in the pre-authorization process on March 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 Prescription of Tramadol 50 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the continued use of opioid medications such as tramadol should be justified by their effectiveness. However, the attached medical record does not contain information regarding objective pain relief, improvement of activities of daily living, adverse side effects, or potential aberrant drug taking behaviors with the use of tramadol. Considering this, the request for tramadol is not medically necessary.