

Case Number:	CM14-0056267		
Date Assigned:	07/09/2014	Date of Injury:	09/01/2008
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/25/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 60 year old female with a date of injury on 9/1/2008. Diagnoses include bilateral carpal tunnel syndrome, status post decompression surgery, wrist joint inflammation, and thumb carpometacarpal (CMC) joint inflammation. Subjective complaints are of intermittent left hand/wrist pain, that when symptomatic can be rated 8-9/10. Tramadol was noted as being helpful in reducing the pain to 5/10 and increasing daytime function. Physical exam shows mild swelling at the base of the left thumb. Prior treatment has included surgery, chiropractic, medications, wrist brace, transcutaneous electrical nerve stimulation (TENS), and home exercise program. Surgery has been recommended for the left thumb/wrist. A pain contract is identified in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 3/25/14) for Tramadol ER 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: Chronic Pain Guidelines have specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, an increase in functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including a pain contract, risk assessment and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary.