

Case Number:	CM14-0058849		
Date Assigned:	07/09/2014	Date of Injury:	07/17/2012
Decision Date:	10/14/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 47-year-old male who reported an injury on 07/17/2012 after he fell down landing on his back and open palms. The diagnoses were bilateral traumatic flexor tenosynovitis; bilateral hands paresthesias; left wrist degenerative joint disease, positive per MRI of the capitate and scaphoid; left wrist bone contusion; right wrist normal MRI; bilateral mild carpal tunnel syndrome, positive per EMG/nerve conduction study of 11/26/2013; multilevel disc protrusion with impingement of L5 nerve root, positive per MRI of 11/12/2001. Past treatments were physical therapy and steroid injections. Medications were tramadol, naproxen, and omeprazole. Physical examination on 05/19/2014 revealed complaints of pain in the cervical spine, lumbar spine, and bilateral wrists and hands. The pain level was reported 7/10. The injured worker complained of continued numbness, tingling, weakness, and dropping of objects from the bilateral hands. He also reported that the lumbar spine pain continued to interfere with activities of daily living and sleep. Cervical spine range of motion was 50% of full. Lumbar spine range of motion was 75% of full. Treatment plan was to take medications as directed and request for carpal tunnel release surgery. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #90 with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management, Page(s): 78 82,93,94,113,.

Decision rationale: The decision for tramadol 50 mg #90 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule states central analgesic drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The medical guidelines recommend that there should be documentation of the "4 As" for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The "4 As" for ongoing monitoring were not reported for this medication. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The clinical documentation submitted for review does not provide evidence of functional improvement for the injured worker. Therefore, the request is not medically necessary.