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| Case Number: | CM14-0061194 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 01/25/2013 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 04/08/2014 |
| Priority: | Standard | Application Received: | 05/01/2014 |

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 Emergency Medicine and is licensed to practice in Texas. 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 reported an injury on 01/25/2013 while working for an excavation company, he sustained a head injury when a piece of wood, approximately 6x2, was dropped on his head from about 12 feet high. Diagnoses were hand laceration, without complication, sprain/strain forearm, adjustment disorder. Past treatments were home exercise program, physical therapy, and TENS unit. Diagnostic studies were CT scan of the cervical spine, EMG that revealed evidence of bilateral carpal tunnel syndrome. Surgical history was not reported. Physical examination on 03/25/2014 revealed adjustment disorder determined by a FABQ score of 23/24 and 42/42. Recommendations were a trial of cognitive behavioral therapy. There were no objective physical findings. Medications were topiramate 25 mg and tramadol. Treatment plan was a recommendation of a cognitive behavioral therapy and continue physical therapy. 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 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule state central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and are not recommended as first line oral analgesics. The medical guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior. The 4 A's were not reported. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.