

Case Number:	CM14-0095125		
Date Assigned:	07/25/2014	Date of Injury:	01/01/2010
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 Nevada. 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 records presented for review, indicate that this 59 year-old female was reportedly injured on 01/01/2010. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 05/08/2014, indicated that there were ongoing complaints of right wrist pain. The physical examination demonstrated bilateral wrists full range of motion with pain. Well healed surgical scar of the right wrist. Full opposed ability of the right thumb and digits of the right hand. No swelling or redness but there is a digital deformity due to arthritic changes. X-rays of right shoulder performed on 02/05/2014 revealed small spurring of the right humeral head greater tuberosity. X-ray of left hand revealed mild degenerative change with partial narrowing of the first Metacarpophalangeal (MCP) joint and also of the ring finger distal interphalangeal joint (DIP) joint. Previous treatment included carpal tunnel release, wrist splints, and medication. A request was made for tramadol 50mg quantity #90 and was not certified in the pre-authorization process on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity #90: 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 Page(s): 82, 113.

Decision rationale: The MTUS treatment guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given their clinical presentation and lack of documentation of functional improvement with Tramadol, the request is not considered medically necessary.