

Case Number:	CM14-0129833		
Date Assigned:	08/20/2014	Date of Injury:	04/10/2010
Decision Date:	01/27/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/14/2014

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 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:

This is a 51 year old Collection Officer with a work related injury dated 04/10/2010 after doing a lot of keyboarding and extensive use of the mouse. According to a progress note dated 07/31/2014, the injured worker presented for a review of his MRI's of his bilateral wrists. Diagnoses included pain in limb, carpal tunnel syndrome, and cubital tunnel syndrome. Treatments have consisted of physical therapy, medications, and surgery. Diagnostic testing included electromyography and nerve conduction velocity studies, MRI, and x-rays. Electromyography and nerve conduction velocity studies performed most recently on 05/23/2012 revealed left moderate to severe and right moderate median neuropathy at the wrists. Report for the MRI of the bilateral wrist performed on 07/14/2014 was not ready at time of appointment. Work status is noted as temporarily totally disabled. On 08/12/2014, Utilization Review modified the request for Tramadol HCL 50mg #180 with 1 refill to Tramadol HCL 50mg #60 no refill citing Chronic Pain Medical Treatment Utilization Schedule Guidelines. The Utilization Review physician stated that the records lack documentation of objective functional benefit with medication use, along with current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCI 50mg #180 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Tramadol. Page(s): 78-80, 80-82, 113.

Decision rationale: The requested Tramadol HCl 50mg #180 with 1 refill is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol HCl 50mg #180 with 1 refill is not medically necessary.