

Case Number:	CM14-0141787		
Date Assigned:	09/10/2014	Date of Injury:	01/29/2012
Decision Date:	05/15/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 31 year old female, who sustained an industrial injury on 01/29/2012. According to a progress report dated 07/17/2014, the injured worker complained of low back pain and right wrist pain. Diagnoses included right wrist sprain/strain, left wrist sprain/strain, right carpal tunnel and left carpal tunnel; electromyography normal on 03/01/2013, lumbar sprain/strain and lumbar multiple disc bulges. Treatment plan included home exercises, continue wrist splints, continue conservative care, awaiting lumbar epidural steroid injection, continue back brace and refill Naproxen, Prilosec, Tramadol and Mentherm. A urine toxicology screen was obtained that day and was negative. A urine drug screen dated 08/26/2014 was submitted for review and was negative for antidepressants, barbiturates, benzodiazepines, opiates and other miscellaneous medications and was noted as not consistent. Currently under review is the request for Tramadol on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol DOS 7/21/2014 (quantity not given): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Tramadol DOS 7/21/2014 (quantity not given) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) for the DOS 7/21/15. The documentation reveals that the patient has had prior (and subsequent urine toxicology) screens for prescribed medications and was continued to be prescribed opioids. This is not in accordance with the MTUS Guidelines. Furthermore, the request as written does not specify a quantity. For these reasons the request for Tramadol DOS 7/21/14 (quantity not given) is not medically necessary.