

Case Number:	CM14-0189207		
Date Assigned:	11/17/2014	Date of Injury:	09/08/2006
Decision Date:	01/05/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/04/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 50 year old female who was injured at work on 09/08/2006. The injured worker is reported to be complaining of 8/10 aching upper back pain; aching and stabbing left arm pain, burning and stabbing bilateral wrist and hand pain with pins and needle sensations on the left. The physical examination revealed antalgic gait, tenderness of the left first carpometacarpal joint, mild instability about the left first carpometacarpal joint to push-pull and grind maneuvers, 4/5 strength of the left thumb in all planes, mildly diminished sensations in the left median nerve distribution area; positive Tinel's sign on the right wrist, and mild tenderness about the right first carpometacarpal joint. The rest of the examination is essentially unremarkable. The worker has been diagnosed of left sided first carpometacarpal joint point, Tenosynovitis of hand and wrist, sprains and strains of unspecified site of wrist. Treatments have included Ibuprofen. At dispute is the request Tramadol ER 150 mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

Decision rationale: The injured worker sustained a work related injury on 09/08/2006. The medical records provided indicate the diagnosis of left sided first carpometacarpal joint point, Tenosynovitis of hand and wrist, sprains and strains of unspecified site of wrist. Treatments have included Ibuprofen. The medical records provided for review do not indicate a medical necessity for Tramadol ER 150 mg #60 with 1 refill. The MTUS recommends the use of immediate release Tramadol formulation at a dose of 50 to 100 mg orally every 4 to 6 hours (for a maximum daily dose of 400 mg); dosing increased every 3 days as tolerated. For the extended release formulation, (Ultram ER), the MTUS recommends that patients currently not on immediate release Tramadol be started on a dose of 100 mg once daily; the dose is titrated upwards by 100 mg increments if needed to a maximum of 300 mg/day. However, if the patient is currently on immediate release Tramadol, and there is a need to change to the extended release formulation, to calculate the 24-hour dose of immediate release form and initiate a total daily dose of the extended release form rounded to the next lowest 100 mg increment, to a maximum dose of 300 mg/day. Therefore, the requested treatment is not medically necessary and appropriate since this injured worker is being started on Tramadol and is immediately prescribed the 150 mg ER formulation.