

Case Number:	CM14-0202480		
Date Assigned:	12/15/2014	Date of Injury:	06/05/2011
Decision Date:	02/04/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 60 year old female with an injury date of 06/05/11. Based on the 11/07/14 progress report, the patient complains of persistent pain affecting the left hand and left wrist. The patient had left wrist surgery and it has deteriorated and has gone to nonunion. Current medications are Tramadol 50mg 1 or 2 three times a day as needed for pain as well as Nabumetone 500mg. There is pain throughout the wrist, more prominent over the distal ulna and at the ulnar carpal space. The diagnoses are:1. Left wrist fracture, 06/05/11 with ulnar styloid nonunion, surgical repair 06/26/142. Left shoulder pain with rotator cuff tendinitis, medial/lateral epicondylitisBased on the 10/14/14 report, the patient has increased motion of the wrist but, has soreness and discomfort with strong grasping and twisting. There is mild laxity of the distal radial ulnar joint. The wrist flexion-extension is 40/50. X-ray (date is not given) showed displacement of the ulnar styloid fragment. The diagnoses are:1. Status post repair, ulnar styloid, 06/26/142. Percutaneous pinning, left distal radius, 06/09/11The treating physician is requesting TRAMADOL 50mg #60 with 3 refills per 11/14/14. The utilization review determination being challenged is dated 11/21/14. The requesting physician provided treatment reports from 05/02/14-11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #60 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 80, 84, 93-94.

Decision rationale: This patient presents with left hand and left wrist pain. The patient had left wrist surgery on 06/26/14. The request is for Tramadol 50mg #60 with 3 refills. The utilization review letter shows that the request is partially certified as Tramadol 50mg #60 with 0 refills. The MTUS guidelines page 80 on Tramadol states that, "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS page 93 and 94 states that Tramadol is indicated for "moderate to severe pain." It is not recommended for longer than 3 months use for osteoarthritis (p84). Additionally, for chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. In this case, the 11/07/14 report mentioned that the patient is taking this medication currently but there is no documentation how long the patient has been on the medication. The treating physician provides no discussions regarding how tramadol has been helpful in terms of decreased pain or functional improvement. The required four A's (analgesia, ADL's, adverse effects, and aberrant behavior) are not addressed. There are no urine toxicology monitoring as required by MTUS. No numerical scales or validated instrument has been used to show functional improvement. The request is not medically necessary.