

Case Number:	CM14-0208655		
Date Assigned:	12/22/2014	Date of Injury:	04/03/2006
Decision Date:	02/11/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice 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:

42 yr. old male claimant sustained a work injury on 4/3/06 involving the right elbow and both hands. He was diagnosed with cubital tunnel syndrome and carpal tunnel syndrome and carpal tunnel syndrome. He had undergone physical therapy. He had previously undergone aquatic therapy, physical therapy and used a TENS unit. A progress note on 12/2/14 indicated the claimant had persistent upper extremity pain. Exam findings were notable for tenderness in the elbow and medial epicondyle. There was diminished sensation in the ulnar digits. He had been on Tramadol, Cyclobenzaprine and Naproxen since at least November 2013. His Tramadol was continued at 150 mg TID for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use

after there has been evidence of failure of first-line non-pharmacologic and medication options (such as Acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice for pain, it is not 1st line treatment for pain control in hand and wrist complaints. Long term use can lead to addition and diminished benefit. There was no indication of Tylenol failure. The claimant had been on the Tramadol for over a year. The continued use of Tramadol ER as above is not medically necessary.