MAXIMUS Federal Services

Case Number:	CM15-0000683		
Date Assigned:	01/12/2015	Date of Injury:	05/22/2008
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/02/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male with a date of injury as 05/22/2008. The current diagnoses include right carpal tunnel syndrome, developing SLAC wrist arthrosis, and status post right wrist arthroscopy with synovectomy and debridement of scapholunate ligament tear. Previous treatments include medications, surgery, and home exercise program. Primary treating physician's reports dated 08/07/2014 through 10/23/2014 were included in the documentation submitted for review. Report dated 10/23/2014 noted that the injured worker presented with complaints that included pain and numbness in the right wrist and hand. Physical examination revealed slight stiffness in the right wrist with some pain on range of motion, mild TFCC tenderness in the right, and Tinel's sign and Phalen's test are positive at the right carpal tunnel. Treatment plan consisted of continuing with his medications and home exercise program. It was noted that the injured worker is having break through pain and requiring use of his narcotic medication. A current list of medications was not included. Current pain levels were not documented, and there was no evaluation of functional improvement while taking the narcotic medications. The utilization review performed on 12/10/2014 non-certified a prescription for Ultram based on the clinical summary provided does not indicate the severity of pain or any objective evidence that the medications are helping. Additionally, there is no documentation of urine drug screenings. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg, thirty count, provided August 7, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 and 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with right hand and wrist pain with numbness. The treater is requesting TRAMADOL ER 150 MG #30, PROVIDED 08/07/2014. The RFA dated 11/21/2014 notes that a request for Tramadol #30. The patient's date of injury is 05/22/2008, and he is currently working. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed tramadol on 08/07/2014. None of the reports from 08/07/0214 to 10/23/2014 note medication efficacy. No before-and-after pain scales were provided to show analgesia and no specific discussions regarding ADLs. There were no reported side effects and no aberrant drug-seeking behavior, such as urine drug screen and CURES report. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.