

Case Number:	CM15-0009814		
Date Assigned:	01/27/2015	Date of Injury:	10/09/2013
Decision Date:	03/20/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old male, with a reported date of injury of 10/09/2013. The diagnoses include carpal tunnel syndrome, wrist sprain/strain, and hand sprain/strain. Treatments have included medication, physical therapy, acupuncture, and imaging of the hand and wrist, which showed no asymmetric increased white blood cell uptake to indicate a source of infection. The progress report dated 12/08/2014 indicates that the injured worker stated that there was pain in the right wrist and fingers with occasional swelling. He stated that the medication was helping with zero side effects. The objective findings included swelling of the right wrist, decreased range of motion of the right wrist, tenderness to palpation of the dorsal wrist, muscle spasm of the forearm, Phalen's test caused pain, and decreased grip of the bilateral upper extremities. The treating physician requested Tramadol 150mg #30. No rationale for the request was provided. On 12/15/2014, Utilization Review (UR) denied the request for Tramadol 150mg #30, noting that there was no documentation of pain rating scores with the use of opioids, no documentation of functional/vocational benefit, no documentation of prior or current urine drug screen performed to monitor compliance and screen for abnormal behavior, and no documentation of a signed opiate agreement. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improve functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, it was acknowledged on January 6, 2015. The applicant reported severe, constant hand and wrist pain present on that date. The applicant was having difficulty activity performing activities of daily living as basic as griping, grasping, and lifting, it was further noted. The attending provider, in short, failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.