

Case Number:	CM15-0107373		
Date Assigned:	06/11/2015	Date of Injury:	04/01/2010
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old female who sustained an industrial injury on 04/01/10. Initial complaints and diagnoses are not available. Treatments to date include medications, heat, an epidural steroid injection, physical therapy, psychological treatment, pain management, and a hand splint. Diagnostic studies include a MRI of the cervical spine and electrodiagnostic studies of the upper extremities. Current complaints include tingling in the hands and right sided neck pain. Current diagnoses include cervical disc disorder with myelopathy, portal hypertension, polyneuropathy, and carpal tunnel syndrome left hand. In a progress note dated 05/08/15, the treating provider reports the plan of care as a left wrist splint, and medication including tramadol and Gabapentin. The requested treatments include tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg, #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant sustains a work injury in April 2010 and continues to be treated for neck and upper extremity pain. Diagnoses include carpal tunnel syndrome and polyneuropathy. When seen, she had increasing symptoms after her Gabapentin dose had been decreased. There was decreased cervical spine range of motion and positive Tinel's testing. The claimant sustains a work injury in April 2010 and continues to be treated for neck and upper extremity pain. Diagnoses include carpal tunnel syndrome and polyneuropathy. When seen, she had increasing symptoms after her Gabapentin dose had been decreased. There was decreased cervical spine range of motion and positive Tinel's testing. Tramadol was providing only temporary pain relief. Medications included tramadol being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and The total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.