

Case Number:	CM15-0107449		
Date Assigned:	06/15/2015	Date of Injury:	12/05/2005
Decision Date:	07/14/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/04/2015

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 63-year-old female, who sustained an industrial injury on December 5, 2005, incurring arm injuries after falling down ten steps onto her outstretched arms. She was diagnosed with a right fractured ulna and radius with nerve injury, left elbow dislocation and radial head fracture. She underwent an open reduction internal fixation of a fracture of the right upper extremity in 2005, and surgical removal of hardware of the right arm in September 2011. Treatment included physical therapy, pain medications, muscle relaxants, proton pump inhibitor, surgical interventions and work restrictions. Currently, the injured worker complained of persistent pain in her right upper extremity. She reported reduced pain with pain medications. The treatment plan that was requested for authorization included a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/apap 37. 5mg/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 04/30/15) - Online Version, Opioids, specific drug list.

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for right upper extremity pain. She sustained an ulna fracture and diagnoses include CRPS. When seen, tramadol-apap is referenced as reducing pain such that she could occasionally rest her arm on a solid surface without experiencing too much pain. There was right upper extremity guarding with difficulty with range of motion and allodynia. Tramadol-acetaminophen) is a short acting combination 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 (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain by measured VAS scores, increased level of function, or improved quality of life. Therefore, continued prescribing was not medically necessary.