

Case Number:	CM15-0108121		
Date Assigned:	06/12/2015	Date of Injury:	03/06/2001
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
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: New Jersey

Certification(s)/Specialty: Family Practice

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 54 year old female who sustained an industrial injury on March 6, 2001. She has reported chronic bilateral carpal tunnel and neck pain and has been diagnosed with bilateral carpal tunnel syndrome, cervical disc disease, and myofascial neck pain. Treatment has included bilateral carpal tunnel surgery, medications, injections, and physical therapy. Range of motion of her neck reveals forward flexion of 20 degrees and extension of 20 degrees. Active range of motion of both shoulders of 130 degrees and active assisted range of motion is 280 degrees. There was a positive Hawkin's on the right with a negative palmomentary sign on the right and left side. The treatment request included tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL (hydrochloride) 50mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Central acting analgesics; Opioids, criteria for use: On-Going Management; Weaning of Medications Page(s): 75, 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, the records provided showed a note from an encounter with a new physician appearing to have seen the worker for the first time only and was to take over the care and prescribing of medications for this worker. However, a full review of prior medications used since the injury many years ago (2001) was not included in the documentation to show how she responded to various medications, if used. This review would help justify prescribing tramadol or would prevent a redundant trial if similar medications had not helped in the past. Since the worker had likely trialed opioids in the past, considering her level of chronic pain, it is important that this information be presented to the reviewer. Also, there was insufficient discussion included in the notes to show the provider explained side effect risks, goals with the treatment, baseline functional assessment and baseline pain level assessment. Also, beginning more than one medication at once makes it difficult to assess for benefit between each medication if they are used at the same time. Therefore, the request for tramadol will be considered medically unnecessary at this time due to the above reasons.