

Case Number:	CM15-0130319		
Date Assigned:	07/16/2015	Date of Injury:	08/12/2006
Decision Date:	08/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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: 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 67 year old female, who sustained an industrial injury on 8/12/06. She reported injury to her right upper extremity after a six foot fall. The injured worker was diagnosed as having complex regional pain syndrome, right carpal tunnel syndrome and status post right distal radius and ulna fracture closed, displaced. Treatment to date has included an EMG-NCS study of the upper extremities on 3/8/07 showing right carpal tunnel syndrome, a spinal cord stimulator trial with no benefit, a stellate ganglion block x 3 and Tramadol since at least 6/10/11. As of the PR2 dated 3/26/15, the injured worker reports right upper extremity numbness and tingling. Objective findings include decreased sensation at C5-C7, tenderness to palpation with right wrist flexion and extension and decreased right wrist range of motion. The treating physician requested Tramadol ER 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 100mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain involving the R upper extremity. This relates back to an industrial injury on 08/12/2006 when the patient suffered a fall. This review addresses a request for refills of Tramadol ER 100 mg #60. The patient's diagnoses include complex regional pain syndrome, reduction of radius and ulnar fractures, and carpal tunnel syndrome treated by a spinal cord stimulator. On exam, the patient has reduced sensation in the C5-C7 dermatome and a decrease in the ROM of the R wrist. Tramadol is a centrally acting synthetic opioid. The treatment guidelines state that tramadol is not recommended as a main treatment for chronic pain. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. This patient's documentation fails to document any quantitative assessment of return to function while taking tramadol ER, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Tramaol ER is not medically necessary.