

Case Number:	CM15-0148453		
Date Assigned:	08/11/2015	Date of Injury:	01/26/2010
Decision Date:	09/09/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/30/2015

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, 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 60 year old male who sustained an industrial injury on 01-23-2010. Mechanism of injury occurred when he hit his hand on a door while mopping a floor, and injured his right hand and shoulder. Diagnoses include long-term use of medications, carpal tunnel syndrome, and pain in his chest. Comorbidities include hypertension, diabetes, coronary artery disease, thyroid disease-status post thyroid surgery in 2013, and cardiac bypass surgery in 2011. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, splinting, status post right first dorsal compartment release with tenosynovectomy of the abductor pollicis and on 02-09-2011, and right wrist arthroscopy with synovectomy, TFCC debridement and thermal debridement of the SL and LT ligaments. The injured worker continues to work. His current medications include Relafen, Gabapentin, and Tramadol-APAP. A urine drug screen done on 05-19-2015 is consistent with his medications. A physician progress note dated 07-21-2015 documents the injured worker continues to work and is able to tolerate this generally but has more pain by the end of the day. The use of Tramadol does help with his pain and function and allow him to continue to work full duty. There is documentation that the injured worker has a signed pain contract on file. On weekends, he rates his pain as 3-4 out of 10 on the Visual Analog Scale. His pain level can be up to 6-8 out of 10 on the Visual Analog Scale depending on his activities. The Tramadol has been helping to reduce his pain to a 3-4 on the Visual Analog Scale when his pain level is higher. He denies any side effects, he takes the Tramadol intermittently. The treatment plan includes Relafen 500mg Qty: 90.00. Treatment requested is for Tramadol APAP 37.5/325mg Qty: 90.00. Per the note dated 8/4/15 the patient

had complaints of right wrist pain at 6-8/10, Physical examination of the right wrist revealed painful ROM, positive Finkelstein sign, decreased sensation and muscle weakness. Patient had tried Buprenorphine and due to its ineffectiveness, patient was switched on Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol APAP 37.5/325mg Qty: 90.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, 76, 78, 80-81, 94, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75. Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Request; Tramadol APAP 37.5/325mg Qty: 90.00; Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines, central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Mechanism of injury occurred when he hit his hand on a door while mopping a floor, and injured his right hand and shoulder. Patient is status post right first dorsal compartment release with tenosynovectomy of the abductor pollicis and on 02-09-2011, and right wrist arthroscopy with synovectomy, TFCC debridement and thermal debridement of the SL and LT ligaments. A urine drug screen done on 05-19-2015 is consistent with his medications. The use of Tramadol does help with his pain and function and allow him to continue to work full duty. There is documentation that the injured worker has a signed pain contract on file. He denies any side effects, he takes the Tramadol intermittently. Physical examination of the right wrist revealed painful ROM, positive Finkelstein sign, decreased sensation and muscle weakness. Patient had tried Buprenorphine and due to its ineffectiveness, patient was switched on Tramadol. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having a low dose, low potency, medication like Tramadol with APAP available for use during sudden unexpected exacerbations of pain is medically reasonable appropriate and necessary. This request for Tramadol APAP 37.5/325mg Qty: 90.00 is deemed as medically appropriate and necessary.