

Case Number:	CM15-0162966		
Date Assigned:	08/31/2015	Date of Injury:	10/24/2012
Decision Date:	10/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/19/2015

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: Emergency Medicine

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 40 year old female who sustained an industrial injury on 10-24-12. The injured worker was diagnosed as having carpal tunnel syndrome, lesion of radial nerve, status post right carpal tunnel release, right cubital tunnel syndrome, probably cervical radiculopathy. Currently, the injured worker reported pain in the neck with radiation to the right upper extremity with numbness and tingling to the right little finger. Previous treatments included status post right carpal tunnel release, nonsteroidal anti-inflammatory drugs, proton pump inhibitor and oral pain medication. Work status was noted as "left handed sedentary work only with no repetitive use". The injured workers pain level was not noted. Physical examination was notable for sensory and motor exam intact, injured worker with full range of motion in right upper extremity, mild right trapezial tenderness. The plan of care was for a retrospective for Ultram 50 milligrams quantity of 30 (date of service 07-09-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultram 50mg #30 (DOS 07/09/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Retrospective Ultram 50mg #30 (DOS 07/09/2015), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first- line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in the neck with radiation to the right upper extremity with numbness and tingling to the right little finger. Previous treatments included status post right carpal tunnel release, nonsteroidal anti-inflammatory drugs, proton pump inhibitor and oral pain medication. Work status was noted as "left handed sedentary work only with no repetitive use". The injured workers pain level was not noted. Physical examination was notable for sensory and motor exam intact, injured worker with full range of motion in right upper extremity, mild right trapezial tenderness. The treating physician has not documented failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Retrospective Ultram 50mg #30 (DOS 07/09/2015) is not medically necessary.