

Case Number:	CM15-0180836		
Date Assigned:	09/22/2015	Date of Injury:	07/30/2012
Decision Date:	10/30/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 43 year old female, who sustained an industrial injury on July 30, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, radial styloid tenosynovitis and trigger finger. Treatment to date has included surgery, diagnostic studies, steroid injections and medication. On August 19, 2015, the injured worker complained of pain to the left dorsal hand, wrist and distal forearm along with tingling to the left ring finger and left middle finger. She stated, "My whole hand feels numb." Flick sign, Tinel's sign and scratch collapse test were positive. She was noted to have failed all "conservative treatments", including physical therapy and medications. She failed an ultrasound guided steroid injection into the left carpal tunnel. The treatment plan included an open release of the left carpal tunnel and internal medicine clearance. On September 2, 2015, utilization review modified a request for Tramadol 50mg #30 to Tramadol 50mg #20. A request for an open release of the left carpal tunnel-outpatient surgery and pre-op internal medicine clearance was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg qty: 30.00: 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, dosing. Decision based on Non-MTUS Citation , J Hand Surg Am. 2012 Apr;37(4):645-50. doi: 10.1016/j.jhssa.2012.01.035. Epub 2012 Mar 10. Opioid consumption following outpatient upper extremity surgery. Rodgers J1, Cunningham K, Fitzgerald K, Finnerty E.

Decision rationale: This is a request for 30 tramadol tablets prescribed for a patient planning to undergo carpal tunnel release surgery. Tramadol is a class IV DEA controlled opioid medication. The California MTUS notes that opioids are appropriate for management of acute post-operative pain, but that dosage and duration of use should always be kept to a minimum to avoid side effects such as addiction. The MTUS guidelines do not go into detail regarding specific recommended prescription quantities. However, the study referenced specifically investigated narcotic usage following surgeries such as this and concluded, "a prescription of 30 opioid pills for outpatient surgery appears excessive and unnecessary, especially for soft tissue procedures of the hand and wrist." Therefore, the request is 30 tramadol tablets following carpal tunnel release is not medically necessary.