

Case Number:	CM15-0184403		
Date Assigned:	09/24/2015	Date of Injury:	06/06/2012
Decision Date:	10/30/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female with an industrial injury dated 06-06-2012. A review of the medical records indicates that the injured worker is undergoing treatment for musculoligamentous sprain of the cervical spine with upper extremity radiculitis, tendinitis bilateral shoulders, bilateral elbows lateral epicondylitis, overuse syndrome bilateral upper extremity, de Quervain's tendinitis of bilateral wrist, osteoarthritis of distal interphalangeal joints of fingers, bilateral wrist severe carpal tunnel syndrome, bilateral knee internal derangement, disc bulge L1-2, possible scapholunate dissociation with dorsal intercalated segmental instability of right wrist, possible tear of triangular fibrocartilage of right wrist, and disc bulges C5-6 and C6-7. In a progress report dated 08-10-2015, the injured worker reported mild neck pain with radiation to bilateral shoulders. The injured worker reported recent popping, cracking and locking. Bilateral shoulder has pain with popping and limited range of motion. The bilateral wrist has a burning pain and the injured worker wears braces at night due to increased pain in the morning. Bilateral knees had increased and progressing pain and stiffness. The injured worker reported that she is taking Tramadol and medications for high blood pressure. The injured worker has no new injuries. The injured worker reported that she is not attending therapy and she is not working. Objective findings (04-20-2015 to 9-04-2015) revealed positive Tinel's testing for the left wrist. According to a more recent progress report dated 09-04-2015, the injured worker reported increased neck, shoulder, bilateral wrist and bilateral knee pain. The injured worker also reported swelling in the bilateral hands and fingers. The injured worker reported difficulty getting up and down from a sitting position and feeling of buckling and

weakness. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The treatment plan consists of medication management and schedule left carpal tunnel release. Medical records indicate that the injured worker has been on Tramadol since at least 04-20-2015. The injured worker is temporary total disability. The treating physician prescribed services for Tramadol 50mg #200 with 5 refills. The original utilization review determination (09-16-2015) denied the request for Tramadol 50mg #200 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #200 with 5 refills: 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, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in June 2012 and continues to be treated for neck, shoulder, wrist, and knee pain. When seen, there had been no new injuries. She was having increasing pain and stiffness with decreased shoulder and wrist range of motion. There was wrist swelling. She was having neck stiffness with popping and locking and had knee weakness with buckling. She was having difficulty transitioning from a seated position. Physical examination findings were that of positive left Tinel's testing. A carpal tunnel release was to be scheduled. Tramadol was prescribed at a total MED (morphine equivalent dose) of up to 40 mg per day for six months. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.