

Case Number:	CM15-0194690		
Date Assigned:	10/09/2015	Date of Injury:	02/21/2014
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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:

This is a 31 year old male patient who sustained an industrial injury on 2-21-14. The diagnoses include fracture left distal radius, status post open reduction and internal fixation with metal plate and screws of left radius (3-25-14) and complication of cephalic nerve injury at surgical site with sensory loss at left thumb. Per the doctor's note dated 4-20-15 he had minimal pain today with stiffness and popping and cracking. Provider documentation dated 4-20-15 noted the work status as may return to modified work. The physical examination revealed slight swelling over dorsum of left wrist. The medications list includes tramadol. Treatment has included status post open reduction and internal fixation with metal plate and screws of left radius (3-25-14), Tramadol since at least April of 2015 and physical therapy. The original utilization review (9-22-15) denied a request for Tramadol 50mg #200.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Q-- Tramadol 50mg #200. 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...." 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." A recent detailed clinical evaluation note is not specified in the records provided. Evidence of episodic exacerbations of severe pain is not specified in the records provided. Response to NSAIDs is not specified in the records provided. Evidence of neuropathic cancer pain is not specified in the records provided. Rationale for the need of 200 tablets of tramadol is not specified in the records provided. The Tramadol 50mg #200 is not medically necessary for this patient.