

Case Number:	CM15-0202802		
Date Assigned:	11/10/2015	Date of Injury:	12/05/2013
Decision Date:	12/21/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/15/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 56 year old female, who sustained an industrial injury on 12-5-13. Medical records indicate that the injured worker is undergoing treatment for de Quervain's tenosynovitis, fracture of the end of radius, localized osteoarthritis and chronic pain syndrome. The injured worker is currently not working. On (9-15-15) the injured worker complained of right wrist pain, which was exacerbated with the use of the right hand, such as washing dishes or combing her hair. The pain was rated 3 out of 10 on the visual analog scale. Objective findings revealed diffuse tenderness to palpation including the first dorsal compartment and ulnocarpal joint. Range of motion was markedly decreased in wrist flexion compared to the left. Tenderness to palpation of the olecranon was also noted. A subsequent progress note (8-26-15) notes the injured workers pain level to be consistent at 3 out of 10 on the visual analog scale. Treatment and evaluation to date has included medications, x-rays, bracing, occupational therapy, physical therapy, injection and right wrist surgery (2013). Current medications include Tramadol 50 mg twice a day as needed. The injured worker was noted to not be able to take non-steroidal anti-inflammatory drugs due to gastric bypass surgery. The Request for Authorization dated 9-15-15 included a request for Tramadol 50mg #60. The Utilization Review documentation dated 9-22-15 non-certified the request for Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60: 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: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not substantiated. The request is not medically necessary.