

Case Number:	CM15-0203209		
Date Assigned:	10/19/2015	Date of Injury:	07/17/2014
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
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: Arizona, 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:

The injured worker is a 45-year-old male who sustained an industrial injury on 07-17-2014. A review of the medical records indicated that the injured worker is undergoing treatment for right hand neuropathy and medication induced gastritis. The injured worker is status post right carpal tunnel release and right long finger extensor tenolysis (no date documented). According to the treating physician's progress report on 09-09-2015, the injured worker continues to experience right hand pain with numbness and tingling. Examination demonstrated weakness of the right grip and decreased sensation to light touch in the right hand. Prior treatments have included diagnostic testing, surgery, psychiatric consultation, cognitive behavioral therapy (CBT), physical therapy, acupuncture therapy and medications. Current medications were listed as Tramadol and Omeprazole. Urine drug screening was consistent with prescribed medications. Treatment plan consists of continuing with cognitive behavioral therapy (CBT), physical therapy and the current request on 09-09-2015 by the provider for Tramadol 50mg #90. The Utilization Review modified the request for Tramadol 50mg #90 to Tramadol 50mg #60 to initiate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tylenol and NSAIDS in the past. The claimant was on Tramadol for several months. There was only a 2-point drop in pain score with its use recently indicating tolerance. Long-term use is not recommended and continued use is not medically necessary.