

Case Number:	CM15-0209039		
Date Assigned:	10/28/2015	Date of Injury:	10/05/2011
Decision Date:	12/08/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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: North Carolina

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 54 year old female, who sustained an industrial injury on October 5, 2011. He reported bilateral wrist pain, right hand and finger pain with numbness, low back pain and right knee pain. The injured worker was diagnosed as having bilateral wrist carpal tunnel syndrome and bilateral hand sprain and strain. Treatment to date has included diagnostic testing, topical cream and oral medication. On September 17, 2015, the injured worker complained of low back pain rated 7 on a 1-10 pain scale, left knee pain rated 5 on the pain scale, right knee pain rated 8 on the pain scale and bilateral wrist pain rated 5-7 on the pain scale. She was noted to have chronic pain syndrome. Physical examination revealed tenderness to the lumbar spine, decreased range of motion and spasm. There was tenderness to the bilateral knees, decreased range of motion on the right and end range of motion pain on the left. There was tenderness to the bilateral wrist and range of motion pain. Phalen's test was positive bilaterally with weakness of the right thumb. The treatment plan included diagnostic studies, psychological pain consultation, chiropractic-physiotherapy, medication, urine test and a follow-up visit. October 14, 2015, utilization review denied a request for Tramadol 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Opioids for Chronic Pain; Opioids, dosing (morphine equivalent dose); Tramadol.

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documentation of significant subjective improvement in pain such as VAS scores. There is no objective measure of improvement in function or activities due to medication. Work status is not mentioned. For these reasons all the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore, the request is not medically necessary.