

Case Number:	CM15-0022245		
Date Assigned:	02/11/2015	Date of Injury:	04/01/2006
Decision Date:	03/26/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/05/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 04/01/2006. Diagnoses include right carpal tunnel syndrome, status post left carpal tunnel release, left shoulder impingement, cervical radiculitis, and cervical spine degenerative disc disease. Treatment to date has included medications, acupuncture, diagnostics and bilateral carpal tunnel surgeries. A physician progress note dated 10/01/2014 documents the injured worker has neck pain worsening and radiates to the left arm, C6 level, bilateral hand pain, and wrist pain. She gets numbing in her fingers and one is triggering. Her hands are painful and it radiates to her forearms. She has spasms, pain and decreased range of motion in the cervical spine. There is facet tenderness and radiculopathy on the left at C6 level. Exam of the left shoulder reveals a positive impingement sign. Treatment requested is for Tramadol HCL 150mg #270. On 01/16/2015 Utilization Review modified the request for Tramadol HCL 150mg #270 to Tramadol HCL 150mg #90, for weaning purposes, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Guideines has very specific standards to justify the long term prescribing of opioid medications. These standards include careful documentation of amount of pain relief, documentation how long the pain relief lasts, documentation of long term use patterns, and detailed documentation of functional benefits. These standards have not been met to justify the long term use of Tramadol HCL. Under these circustances, the Tramadol HCL 150mg. #270 is not supported by Guidelines and is not medically necessary.