

Case Number:	CM15-0216911		
Date Assigned:	11/06/2015	Date of Injury:	05/07/2005
Decision Date:	12/18/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/04/2015

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, Florida, 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 45 year old male, who sustained an industrial injury on 5-7-2005. The medical records indicate that the injured worker is undergoing treatment for complex regional pain syndrome of the right upper limb, contracture of muscle (unspecified upper arm), and brachial plexus disorders. According to the progress report dated 10-8-2015, the injured worker presented with complaints of right upper extremity pain. On a subjective pain scale, he rates his pain 8 out of 10. The physical examination reveals tenderness in the region concordant with the patient's described area of pain. The current medications are Omeprazole, Celexa, Relafen, Lidocaine, Lyrica, and Tramadol (since at least 9-11-2015). Previous diagnostic studies include x-ray of the right hand (negative). Treatments to date include medication management. Work status is described as off work. The original utilization review (10-19-2015) modified one refill of Tramadol 50mg #120 for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg tablet 1 every 6 to 8 hours as needed for pain #120 (30 day supply)
Med: 40: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page 12, 13 83 and 113 of 127. This claimant was injured in 2005 with reported complex regional pain syndrome of the right upper limb, contracture of muscle (unspecified upper arm), and brachial plexus disorders. Tramadol has been prescribed since about 9-11-2015. The original utilization review (10-19-2015) modified one refill of Tramadol 50mg #120 for the purpose of weaning. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.