

Case Number:	CM15-0222931		
Date Assigned:	11/18/2015	Date of Injury:	01/10/2005
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/12/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 41 year old male, who sustained an industrial injury on 1-10-05. The injured worker is diagnosed with right first and second extensor tendon laceration; post repair of the extensor tendons with improvement in strength, but some residual pain. His work status is full duty. Notes dated 7-28-15 and 9-28-15 reveals the injured worker presented with complaints of intermittent right hand pain and stiffness with prolonged activity and weakness with gripping and grasping. The pain is increased with the laboratory tools used at work. A physical examination dated 7-28-15 revealed tenderness along the dorsum of the right wrist and mild swelling; however he has good grip strength and 9-28-15 revealed no tenderness along his wrist. Treatment to date has included surgical intervention and medications-Tramadol ER (6-2015) and Naproxen, which reduces his pain by more than 50% and allows him to continue to work per note dated 9-28-15. Diagnostic studies include right hand MRI. A request for authorization dated 9-28-15 for Tramadol ER 100 mg #30 with 1 refill is modified to #23 and no refill, per Utilization Review letter dated 10-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #30 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, opioids specific drug list, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. The guidelines advise against prescription to patients that at risk for suicide or addiction. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007) Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work (b) If the patient has improved functioning and pain." In this case there is insufficient evidence in the records of 9/28/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstration of urine toxicology compliance, or increase in activity. Therefore use of Tramadol is not medically necessary and it is non-certified.