

Case Number:	CM15-0041376		
Date Assigned:	03/11/2015	Date of Injury:	12/07/2013
Decision Date:	04/17/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 41-year-old female who sustained an industrial injury on 12/07/2013. While working she was lifting a heavy door without assistance, she felt a sudden onset of pain involving the wrist which compromised her grip on the door resulting in a secondary straining injury involving her neck when the door impacted the side of her head. Diagnoses include right wrist strain with post injury carpal tunnel syndrome. Treatment to date has included medications, injections which provided substantial symptom relief that gradually dissipated over the course of a few weeks. A physician progress note dated 01/29/2015 documents the injured worker struggles with ongoing symptoms involving the right arm with tingling and numbness in the fingers of the hand that has gotten progressively worse. She also has some neck pain. Medication has been helpful. The two injections resulted in substantial relief of symptoms that gradually dissipated over the course of a number of weeks. She has tenderness of a modest nature over the volar surface of the right wrist. She also has tenderness involving the trapezius muscle on the right side that extends to the right paracervical region. Tinel and Phalen signs are both positive on the right and are negative on the left. Cubital tunnel compression test is positive on the right as is pressure provocative testing at Guymon's canal. The medications have been helpful in at least attenuating the symptom allowing better restful sleep and more activities of daily living. Treatment requested is for Ultram extended release 150mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram extended release 150mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Ultram is tramadol, a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the patient has been receiving ultram since at least December 2014 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.