MAXIMUS Federal Services

Case Number:	CM15-0056130		
Date Assigned:	04/01/2015	Date of Injury:	05/22/2011
Decision Date:	05/05/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/24/2015

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, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic elbow, hand, wrist, and finger pain reportedly associated with an industrial injury of May 22, 2011. In a Utilization Review report dated March 7, 2015, the claims administrator failed to approve a request for tramadol. A RFA form received on February 26, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On February 12, 2015, the applicant reported ongoing complaints of elbow, hand, wrist, and finger pain. The applicant had undergone earlier elbow epicondylar release surgery, it was incidentally acknowledged. The applicant had reported issues with depression, psychological stress, and weight gain reportedly associated with her chronic pain complaints. Gripping, grasping, lifting, pushing, and pulling remained problematic. The applicant stated that doing personal hygiene was also problematic. The applicant had apparently developed diabetes. Multiple medications, including Topamax, tramadol, Nalfon, and Protonix were renewed. Work restrictions were imposed. It did not appear that the applicant was working with said limitations in place. In a progress note dated December 1, 2014, it was explicitly acknowledged that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21, 84, 67, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, it was acknowledged on December 1, 2014. The applicant continued to report difficulty performing activities of daily living as basic as gripping, grasping, lifting, pushing, pulling, and performing self hygiene, it was acknowledged on February 12, 2015. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with tramadol. Therefore, the request was not medically necessary.