

Case Number:	CM15-0083852		
Date Assigned:	05/06/2015	Date of Injury:	04/01/2011
Decision Date:	06/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old female, who sustained an industrial injury on 4/01/2011. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include carpal tunnel syndrome and chronic pain. She is status post bilateral endoscopic carpal tunnel releases in 2010, status post left shoulder arthroscopy in 2012, status post right shoulder arthroscopy in 2014, status post revision of left open carpal tunnel release on 12/1/14 and status post revision of right open carpal tunnel release on 2/18/15. Treatments to date include Norco 10/325 mg 1-2 tablets every six hours, Percocet 5/325 mg, one tablet every six hours, tramadol 50 mg on to two tablets every six hours, Trazodone 50 mg one tablet before bed and Lexapro 10mg once a day. Currently, she complained of no changes in right hand symptoms since surgery. On 3/27/15, the physical examination documented well-healed surgical incision and full composite grip. The plan of care included Tramadol 50 mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is noted that the patient is taking multiple short-acting opioids, including Norco and tramadol from the requesting provider and Percocet from another provider. The use of multiple short-acting opioids is redundant. Furthermore, there is no clear indication that the tramadol is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol is not medically necessary.