

Case Number:	CM15-0089883		
Date Assigned:	05/14/2015	Date of Injury:	10/05/2011
Decision Date:	06/15/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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: Massachusetts

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:

This is a 54 year old female with an October 5, 2011 date of injury. A progress note dated April 6, 2015 documents subjective findings (right wrist pain rated at a level of 6/10; left wrist pain rated at a level of 4-5/10; bilateral hand and finger pain and numbness; lower back pain; right knee pain), objective findings (tenderness to the bilateral wrists; positive Phalen's test bilaterally; tenderness to the bilateral hands and range of motion pain), and current diagnoses (bilateral wrist carpal tunnel syndrome; bilateral hand sprain/strain). Treatments to date have included acupuncture, magnetic resonance imaging, electromyogram/nerve conduction study, and medications. The treating physician documented a plan of care that included Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): s 76-80.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for bilateral wrist and hand pain, low back pain, and knee pain. When seen, he had wrist tenderness with positive Phalen testing and pain with range of motion. Medications being prescribed included tramadol. Urine drug screening had been negative, inconsistent with the prescribed medications. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. Although the requested dosing is within guideline recommendations and the claimant has chronic pain and the use of opioid medication may be appropriate, the claimant's response to the treatment being provided is not documented. Urine drug test results suggest aberrant drug use. Therefore, the continued prescribing of tramadol is not medically necessary.