

Case Number:	CM14-0100500		
Date Assigned:	07/30/2014	Date of Injury:	07/30/2010
Decision Date:	10/08/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old female who reported an injury 07/30/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 06/27/2014 indicated diagnoses of continuous trauma injury and left wrist tenosynovitis. The injured worker reported intermittent moderate pain in the left wrist on physical examination of the left wrist/hand there was tenderness to palpation with a positive Tinel's and Phalen's sign on the left. The injured worker had weakness and grip strength with slightly restricted range of motion due to discomfort. The injured worker's treatment plan included return to office for orthopedic eval and continue with naproxen, omeprazole, and tramadol. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for tramadol. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

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

Decision rationale: The request for Tramadol 50mg #60 is not medically necessary. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status and evaluation of risk for aberrant drug use, behaviors and side effects. Furthermore, the request does not indicate a frequency for the tramadol. Therefore, the request is not medically necessary.