

Case Number:	CM14-0134726		
Date Assigned:	08/29/2014	Date of Injury:	10/22/2010
Decision Date:	11/26/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/22/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 underlying date of injury in this case is 10/22/2010. The date of the utilization review under appeal is 03/06/2014. The patient's diagnoses include left cubital tunnel syndrome and left carpal tunnel syndrome. On 02/20/2014, the patient was seen in primary treating physician followup. The patient reported ongoing pain and discomfort in the left shoulder as well as numbness and tingling in the left arm and hand. The patient was felt to be at a stable functional level and not requiring operative intervention. Continued Ultram was recommended for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg ; 1-2 Q4-6H #180 wihtout refill 1159F: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management, Opioids for Neuropathic Pain Page(s): 78, 82.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids/Ongoing Management, page 78, discusses the 4 A's of opioid management. The medical records do not clearly document functional goals or functional benefits to support indication for ongoing opioid treatment. Moreover, the same guidelines, page

82, discuss opioids for neuropathic pain and do not recommend opioids as first-line therapy for neuropathic pain and only recommends this for treatment of episodic exacerbations of severe such neuropathic pain. None of these guidelines or rationales are documented in this case to support an indication for ongoing opioid use. This request is not supported by the guidelines, therefore the request is not medically necessary.

Ultram 50mg; 1-2 Q4-6H #200 with 1 refill 1159F: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management, Opioids for Neuropathic Pain Page(s): 78, 82.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids/Ongoing Management, page 78, discusses the 4 A's of opioid management. The medical records do not clearly document functional goals or functional benefits to support indication for ongoing opioid treatment. Moreover, the same guidelines, page 82, discuss opioids for neuropathic pain and do not recommend opioids as first-line therapy for neuropathic pain and only recommends this for treatment of episodic exacerbations of severe such neuropathic pain. None of these guidelines or rationales are documented in this case to support an indication for ongoing opioid use. This request is not supported by the guidelines, therefore the request is not medically necessary.