MAXIMUS Federal Services

Case Number:	CM14-0144227		
Date Assigned:	09/12/2014	Date of Injury:	02/08/2013
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic wrist, hand, and forearm pain reportedly associated with an industrial injury of February 11, 2013.Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; various stellate ganglion blocks for suspected CRPS; transfer of care to and from various providers in various specialties and extensive periods of time off of work. In a Utilization Review Report dated August 22, 2014, the claims administrator failed to approve a request for Tramadol. The applicant's attorney subsequently appealed. In a handwritten note dated August 7, 2014, difficult to follow, not entirely legible, the applicant presented with persistent complaints of hand and wrist pain. The applicant was reportedly running out of medications. The applicant exhibited allodynia and hyperalgesia about the injure hand. Stellate ganglion blocks had apparently been ceased on the grounds that the applicant had failed to respond to the same. The applicant's work status was not clearly stated on this occasion. Various medications were renewed, including Topiramate and Tramadol. In a handwritten note dated July 18, 2014, the applicant presented with persistent complaints of hand and wrist pain with associated paresthesias, burning, tingling, and allodynia appreciated. The applicant was given diagnosis of chronic regional pain syndrome. The applicant was placed off of work, on total temporary disability. In an earlier note dated March 12, 2014, the applicant reported 10/10 hand pain with associated hyperalgesia and allodynia appreciated on exam. The applicant was placed off of work, on total temporary disability, through April 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: 1. No, the request for tramadol, a synthetic opioid, is 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 reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints are seemingly heightened from visit to visit, as opposed to reduced from visit to visit. The applicant is having difficulty performing activities of daily living involving the affected upper extremity, it has been suggested on several occasions owing to issues associated with hyperalgesia and/or allodynia appreciated about the same. All of the above, taken together, do not make a compelling case for continuation of tramadol. Therefore, the request is not medically necessary.