

Case Number:	CM14-0162339		
Date Assigned:	10/07/2014	Date of Injury:	08/07/2013
Decision Date:	11/07/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/02/2014

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 Anesthesiologist and Pain Medicine 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 53-year-old male who reported an injury on 08/07/2013 due to an unknown mechanism. Diagnoses were wrist injury; fracture status post-surgery with hardware 08/2013; pain in joint, wrist; myofascial pain; HTN; and cervical radiculopathy. Physical examination dated 09/08/2014 revealed that the injured worker was supposed to come in to review a report. The report was not yet available. It was reported that the injured worker tried to reschedule his appointment, but there was some confusion in doing this. The injured worker denied any new problems. He continued to do his home exercise program diligently. Medications were Ibuprofen and Tramadol. Pain level was reported to be a 5/10. Treatment plan was to continue medications and home exercise program. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management Page(s): 82,93,94,113, 78.

Decision rationale: The decision for one prescription of Tramadol 50 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule states central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The Medical Guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. There was no physical examination on the injured worker. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.