

Case Number:	CM14-0162711		
Date Assigned:	10/07/2014	Date of Injury:	06/18/2013
Decision Date:	11/03/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/03/2014

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 & 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 injured worker is a 31-year-old male who reported an injury on 06/18/2013 due to an unspecified cause of injury. The injured worker complained of right wrist pain at the dorsal compartment. The diagnosis included radial styloid tenosynovitis. Prior treatments included physical therapy and medication. The prior surgery included tenovagotomy of the right wrist. The medications included Voltaren, Protonix, and Ultram. No VAS provided. The physical examination, dated 05/12/2014, revealed mild swelling and tenderness to the right wrist at the dorsal compartment. Negative Finkelstein. Full range of motion in all digits, right hand and wrist. The grip to the right hand was 40 degrees. The treatment plan included Ultram. The Request for Authorization, dated 10/07/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol) 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Tramadol), criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines state central analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The clinical notes were not evident of documentation addressing any aberrant drug taking behavior or adverse side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The request did not address the frequency. As such, the request of Ultram (Tramadol) 50mg #120 is not medically necessary and appropriate.