

Case Number:	CM14-0023534		
Date Assigned:	06/11/2014	Date of Injury:	05/23/2012
Decision Date:	09/23/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/25/2014

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 Tennessee. 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:

This is a 49-year-old female with a 5/23/12 date of injury. The mechanism of injury was not noted. According to a progress report dated 1/22/14, the patient stated that tramadol was not as effective for her right wrist; the pain relief was not long lasting and felt worse. Objective findings: right hand dominant no bruising, swelling, atrophy, or lesion present at the right wrist Phalen's causes pain. Diagnostic impression: right carpal sprain/strain. Treatment to date: medication management, activity modification. A UR decision dated 2/4/14 modified the request for Tramadol ER 150 mg #60 with one refill to Tramadol ER 150 mg #60 with zero refills for weaning purposes. The patient has been prescribed tramadol since at least July 2013, which would not be consistent with evidence-based guidelines.

Furthermore, the patient is not working and she reported that tramadol is not as effective. As noted in the references, opiates may be continued if the patient has returned to work and has improved functioning and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, in the most recent report reviewed, the patient stated that tramadol was not as effective. She stated that the pain relief did not last long and she felt worse. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or cures monitoring therefore, the request for Tramadol ER 150mg #60 are not medically necessary.