

Case Number:	CM14-0093891		
Date Assigned:	07/25/2014	Date of Injury:	08/20/2012
Decision Date:	09/19/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/20/2014

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 Texas and Oklahoma. 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 37-year-old female who reported an injury on 08/2012. The mechanism of injury was not provided for clinical review. The diagnoses included status post right carpal tunnel syndrome, right medial tunnel syndrome and bilateral forearm tendinitis. The previous treatments include medication, surgeries and home E stim unit. Diagnostic testing included EMG/NCV. With the clinical note dated 07/08/2014, it was reported the injured worker complained of pain and numbness in the hands. Upon the physical examination, the provider noted the injured worker had slight volar and dorsal forearm tenderness on the right. There was slight radial tunnel tenderness on the right. The injured worker had a positive Tinel's sign at the carpal tunnels bilaterally. The injured worker had a positive Phalen's sign on the right, but negative on the left. The provider requested Tramadol extended release. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Extend Release (ER) 150 mg. #30: Upheld

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

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

Decision rationale: The request for tramadol extended release ER 150 mg #30 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Therefore, the request is not medically necessary.