

Case Number:	CM14-0214176		
Date Assigned:	01/07/2015	Date of Injury:	07/14/2003
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

66 year old female claimant sustained a work injury on 7/14/03 involving both hands. She was diagnosed with carpal tunnel syndrome, DeQuervains and trigger fingers. She had undergone a bilateral carpal tunnel release and dorsal compartment releases and pulley releases. Progress note on November 17 14 indicated the claimant had constant pain in the hands. Prior x-rays of the right wrist after surgery did not show any gross abnormalities. The claimant was treated with Anaprox , Lyrica and Tramadol. The claimant had been on the above medications for over nine months. She has been on other opioids since at least 2010. The physician continued her on Tramadol 50 mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #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 Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with chronic pain, the claimant's pain persisted while on the medication. She had been on opioids for many years and tramadol for many months. There's no indication for combining it with pan NSAID. There was no indication of Tylenol failure. Pain scale references were not provided. Continued use of Tramadol as above is not medically necessary.