

Case Number:	CM15-0003165		
Date Assigned:	01/14/2015	Date of Injury:	11/09/1999
Decision Date:	06/26/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/07/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44-year-old female who sustained an industrial injury on 11/9/99. The mechanism of injury is unclear. She currently complains of bilateral hand burning, numbness and tingling (8/10), bilateral elbow pain (6/10). There was tenderness at the carpometacarpal joint. Medications are not specifically named. Diagnosis is bilateral carpal tunnel syndrome. There are no treatments mentioned in the available documents for review. On 12/15/14 Utilization, review reviewed a request for Tramadol HCL 50 mg, 30-day supply # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL tab 50mg, 30-day supply #90 MED 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 80 & 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The MTUS Guidelines are very specific regarding the minimal requirements to justify the long-term use of opioid medications such as Toradol. These requirements include

careful documentation of how the opioid is utilized, how much and how long pain relief is experienced, and measures of functional improvement because of use. These requirements are not met with this individual. The Guidelines also recommend that there should not be a concurrent misuse of illegal drugs and the latest drug test is consistent with illegal drug use and there are not records of the treating physician addressing this issue. Under these circumstances, the Tramadol 50mg. #90 for a 30-day supply is not supported by Guidelines and is not medically necessary.