

Case Number:	CM15-0006882		
Date Assigned:	01/26/2015	Date of Injury:	02/22/2013
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/13/2015

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: Ohio, West Virginia

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

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 (IW) is a 57 year old male, who sustained an industrial injury on February 22, 2013. He has reported neck, left shoulder and bilateral hand pain with a pin and needle sensation and was diagnosed with mild bilateral carpal tunnel syndrome and mild left and moderate right cubital tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, work duty restrictions and back surgery. Currently, the IW complains of neck, left shoulder and bilateral hand pain with a pin and needle sensation. The IW reported an industrial injury on February 22, 2013 resulting in the described pain. Nerve conduction studies on December 3, 2014 revealed mild bilateral carpal tunnel syndrome and mild left and moderate right cubital tunnel syndrome. On January 15, 2015, evaluation revealed continued pain. Work status was modified and a recommendation for further radiographic studies and possible carpal tunnel surgery was made. The pain continued and pain medications were renewed. On December 26, 2014, Utilization Review non-certified a request for Ultram 50mg #60 with 2 refills, noting the MTUS Guidelines, and ODG were cited. On January 5, 2015, the injured worker submitted an application for IMR for review of requested Ultram 50mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 MG #60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioid. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen. The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for tramadol 50mg # 60 x2 refills is deemed not medically necessary.