MAXIMUS Federal Services

Case Number:	CM15-0011646		
Date Assigned:	01/29/2015	Date of Injury:	02/15/2002
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/20/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 72 year old female who sustained an industrial injury on 02/15/2002. The current diagnoses include bilateral carpal tunnel syndrome. Treatments to date include the following medications; Colace, Norco, Diazepam and Tramadol. Report dated 01/26/2015 noted that the injured worker presented with complaints that included constant pain in both hands and wrists, swelling in both hands and weakness, and numbness and tingling. The pain score was rated at 7/10 without medications and 3/10 with medications.The objective findings include limited range of motion, fusion of the fingers, and tenderness to palpation. There was no documentation of UDS available.The utilization review performed on 01/05/2015 non-certified a prescription for Tramadol based on clinical findings do not support any significant subjective or objective improvements. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro request) DOS 10/17/14 Tramadol 150mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, opioid induced hyperalgesia, dependency, sedation, addiction and adverse interaction with other sedatives. The risks are increased significantly in the elderly when multiple opioids and sedatives are utilized concurrently. The records indicate that the patient is utilizing multiple opioids as well as diazepam. The subjective and objective did not indicate the presence of exacerbation of severe musculoskeletal pain. The criteria for the use of Tramadol 150mg #120 on DOS 10/17/2014 was not met.