

Case Number:	CM15-0016578		
Date Assigned:	02/04/2015	Date of Injury:	08/20/2009
Decision Date:	06/30/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/28/2015

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: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on August 20, 2009, incurring right hand, elbow, wrist, neck, head and arm injuries. She was diagnosed with right hand carpal tunnel syndrome/double crush with concurrent right De Quervain's, cervical discopathy, and right epicondylitis. Treatment included physical therapy, anti-inflammatory drugs, bracing, proton pump inhibitor, pain management and work restrictions. On September 5, 2014, the injured worker underwent a right carpal tunnel release. Currently, the injured worker complained of constant pain in the right wrist and hand that is aggravated by repetitive motions, gripping, pushing, pulling and lifting. On a pain scale of 1 to 10, she complained of a 6. The injured worker noted progressive nighttime paresthesia. The treatment plan that was requested for authorization included a prescription for Tramadol HCL, thirty day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL CAP 150MG ER, DAYS SUPPLY 30, QUANTITY 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Tramadol (Ultram) Page(s): 76-78, 88-89, 113.

Decision rationale: Based on the 12/03/14 progress report provided by treating physician, the patient presents with pain to elbow, wrist, hand neck head and arm. Patient's right wrist pain is rated 6/10, per 09/16/14 report. The patient is status post right carpal tunnel and right deQuervain's release 09/05/14, and status post right lateral epicondyle release, date unspecified. The request is for TRAMADOL HCL CAP 150MG ER, DAYS SUPPLY 30, QUANTITY 90. RFA not provided. Patient's diagnosis on 07/10/14 includes cervical discopathy/radiculitis, right carpal tunnel syndrome and deQuervain's syndrome, and electrodiagnostic evidence of bilateral carpal tunnel syndrome. Treatment to date included physical therapy, bracing, proton pump inhibitor, pain management, medications and work restrictions. Patient's medications include Ultram, Dexilant and Zantac, per 09/02/14 report. The patient remains temporarily totally disabled, per 12/03/14 report. Treatment reports were provided from 07/10/14 - 09/16/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Ultram (Tramadol) has been included in patient's medications, per 09/02/14 report. It is not known when Tramadol was initiated. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.