

Case Number:	CM15-0113765		
Date Assigned:	06/22/2015	Date of Injury:	07/13/2012
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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 46 year old female who sustained a work related injury July 13, 2012. Past history included right knee arthroscopic surgery February, 2014 and right wrist carpal tunnel release August 2014. According to a primary treating orthopedic physician's evaluation, dated April 28, 2015, the injured workers right wrist was examined revealing a positive Finkelsteins's test, tenderness over the first dorsal compartment with positive Tinel's test. The first dorsal compartment was injected with a combination of Depo-Medrol and lidocaine. The injured worker tolerated the procedure well. The right wrist also revealed a surgical scar for the carpal tunnel with a small keloid formation, occurring at the distal portion of the scar with nominal tenderness; range of motion is well preserved. The right knee is not examined during this visit. Diagnosis is documented as unspecified internal derangement of the right knee; pain in joint, lower leg; chondromalacia of patella; tear of the medial cartilage or meniscus of the right knee; bilateral carpal tunnel syndrome; right wrist deQuervain's tenosynovitis. At issue, is the request for authorization for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Tramadol 50mg, twice a day, quantity: 50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Refill of Tramadol 50mg, twice a day, quantity: 50 is not medically necessary.