

Case Number:	CM15-0113828		
Date Assigned:	06/22/2015	Date of Injury:	03/11/2012
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old female patient, who sustained an industrial injury on 3/11/2012. The medical records submitted for this review did not include the details of the initial injury. Diagnoses include wrist strain, right elbow strain, status post right carpal tunnel release 4/22/14, epicondylitis, De Quervain's, and status post right shoulder arthroscopy 1/7/14. Per the doctor's note dated 6/9/2015, she had complaints of mild right elbow and right wrist pain and weakness. The physical examination revealed tenderness, painful and decreased range of motion of the right elbow and right wrist, mild pain with Tinel's, Phalen's and Finkelstein's test. The medications list includes tramadol, prilosec and flexeril. She has undergone right carpal tunnel release and right shoulder arthroscopic surgery. She has had electromyogram and nerve conduction studies (EMG/NCS) dated 1/21/2015 which revealed mild bilateral carpal tunnel syndrome. She has had physical therapy and therapeutic injection. The plan of care included medication therapy including Tramadol 50mg tablets, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use - On-Going Management; Opioids, specific drug list - Tramadol Page(s): 78, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol 50mg, #60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had had chronic right elbow and right wrist pain. She has had significant findings on physical examination- tenderness and decreased range of motion. She has had diagnostic studies with significant abnormal findings. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. In addition, patient was not taking any other significant opioid medications. The request for Tramadol 50mg, #60 is medically appropriate and necessary to use as prn during acute exacerbations.