MAXIMUS Federal Services

Case Number:	CM15-0120362		
Date Assigned:	06/30/2015	Date of Injury:	03/19/2014
Decision Date:	07/29/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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:

The injured worker was a 52-year-old female, who sustained an industrial injury, March 19, 2014. The injury was sustained when the injured worker was assisting a patient in a wheelchair. The injured worker's hand was crushed between the wheelchair and a bus. The injured worker previously received the following treatments topical cream, 8 sessions of physical therapy, occupational therapy, Tramadol, Naproxen and topical Ketamine. The injured worker was diagnosed with crush injury of the right hand, chronic pain syndrome type 1, impingement of the right shoulder, incomplete distal styloid fracture of the right wrist ad distal ulna pain, persistent distal ulnar pain and extensor tenosynovitis. According to progress note of June 1, 2015, the injured worker's chief complaint was right shoulder, right hands, wrist and elbow. The pain radiates to the elbow. The pain was described as sharp, dull, achy, and stabbing. The pain level since the prior visit was 3 out of 10 up to 8 out of 10. The pain was rated 8 out of 10 without pain medication. The injured worker reported the pain level only went up to 4 out of 10 with pain medications and treatments. The injured worker was having trouble with activities of daily living. The injured worker had limits the housework, cooking, yard work, sleeping, recreational activities, memory and emotional adjustment. The physical exam noted tenderness to the right shoulder. The injured worker was negative for Tinel's sign at the elbow and wrist, as well as the Phalen's and Finkelstein is testing. There was mild palpable tenderness over the dorsal metacarpals without palpable crepitus. The distal neurovascular was grossly intact. According to the physical therapy noted of January 7, 2015, there was normal range of motion of the right and left elbows and wrists. The treatment plan included retroactive prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro MED Tramadol HCL 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Tramadol. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Tramadol is not considered as medically necessary.