

Case Number:	CM15-0121367		
Date Assigned:	07/02/2015	Date of Injury:	07/24/2012
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

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: Arizona, 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 is a 42 year old female, who sustained an industrial injury on July 24, 2012, incurring left hand injuries. She was diagnosed with left hand internal derangement, left hand contusion, left hand and wrist osteoarthritis with neuropathy. Magnetic Resonance Imaging of the left hand and wrist revealed synovial arthropathy secondary to osteoarthritis and a left hand contusion. Treatment included anti-inflammatory drugs, topical analgesic gel, pain medications, and work restrictions. Currently, the injured worker complained of ongoing left hand pain. She was noted to have restricted range of motion due to pain and tenderness upon palpation of the left hand. Muscle strength of the left hand was normal. The treatment plan that was requested for authorization included a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Tramadol, Opioids, and Criteria for Use. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, 2015, Chapter: Pain (Chronic) Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was intermittently on Tramadol for several months in combination with oral and topical NSAIDs. There is no indication to use both classes of medications. Tylenol failure was not noted. Long-term use of Tramadol is not recommended. Continued Tramadol use is not medically necessary.