

Case Number:	CM15-0129345		
Date Assigned:	07/15/2015	Date of Injury:	01/09/2013
Decision Date:	08/11/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/03/2015

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: Emergency 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 60 year old male, who sustained an industrial injury on January 9, 2013. The injured worker reported an injury to his chest. The injured worker was most recently diagnosed as having long-term use medications, carpal tunnel syndrome and chest pain. Treatment to date has included diagnostic studies and medications. On July 21, 2015, the injured worker complained of chronic right wrist pain. He reported his pain level to be rated as a 3-4 on a 1-10 pain scale on weekends. At the end of the day, his pain level can be a 6-8/10 on the pain scale depending on activity level. The treatment plan included medications. On July 2, 2015, Utilization Review non-certified the request for Tramadol/APAP 37.5/325 mg #90 date of service 5/12/2015, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 5/12/15 Tramadol/APAP 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113.

Decision rationale: The requested Retro DOS: 5/12/15 Tramadol/APAP 37.5/325mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic right wrist pain. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Retro DOS: 5/12/15 Tramadol/APAP 37.5/325mg #90 is not medically necessary.