

Case Number:	CM15-0178111		
Date Assigned:	09/18/2015	Date of Injury:	09/19/2011
Decision Date:	10/21/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/10/2015

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 68 year old male, who sustained an industrial injury on 9-19-11. The injured worker has complaints of right wrist and right hand pain and ankles and feet pain. The documentation noted that the injured worker in January 2015 went to the emergency room because of his knees, especially on the left, hurting and then again the injured worker went to the emergency room on August 23, 2015 for both knees he was having too much pain and they gave him Norco 5mg tablet which has not helped but he also got a shot while he was in the emergency room. The emergency room also gave him some naproxen but he continued taking the medications. The documentation noted on 8-26-15 there was tenderness along the first extensor compartment as well as the A1 pulley of the thumb, which is much improved from the injection that he received in the last visit. There is tenderness along the wrist joint and the first extensor are noted. Wrist extension on the right is 50 degrees and 65 degrees on the left. Wrist flexion is 55 degrees on the right and 65 degrees on the left. There is tenderness along the scapholunate and lunotriquetral area and tenderness along the palmar ulnocarpal joint and right radioulnar joint. Magnetic resonance imaging (MRI) of the right wrist showing full-thickness cartilage loss on the radiocarpal joint, triangular fibrocartilage complex tear along the radial attachment and stenosing tenosynovitis along the first extensor compartment of the wrist. Nerve study in 2011 was negative. Nerve study in 2013 was positive for carpal tunnel syndrome. The diagnoses have included unspecified internal derangement of knee. Treatment to date has included physical therapy has three sessions causing flare-up of pain along the knees; hinged knee braces with no response; injection to the wrist joint and one along the first extensor compartment; naproxen; Trazodone and Tramadol. The original utilization review (9-4-15) modified the request for Tramadol ER 150mg #30 to Tramadol ER 150mg #15 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

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 had been on Tramadol for several months in combination with NSAIDS. Pain scores were not consistently noted to determine trend in pain response. Long-term use is not recommended and continued use is not medically necessary. Therefore, the request is not medically necessary.