

Case Number:	CM15-0062595		
Date Assigned:	04/08/2015	Date of Injury:	03/17/2009
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

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, North Carolina
 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 64 year old male, who sustained an industrial injury on March 17, 2009. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral shoulder impingement, bilateral lateral epicondylitis, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome with release on the right, bilateral CMC joint arthritis of the thumbs and chronic pain syndrome. Treatment to date has included diagnostic studies, wrist brace, hot and cold wrap and medication. On February 13, 2015, the injured worker complained of pain in the elbows with intermittent numbness and tingling. He has noted injuries to both wrist and stated that his wrist pain is still the same. He also reported intermittent numbness and tingling as well as weakness. His pain gets worse with colder weather and with repetitive activities. The treatment plan included medication, activity modification and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150 mg ER #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications, opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications Page(s): 124.

Decision rationale: The request is a modified request for a tapering dose of Tramadol 150 mg ER (#30) for the purpose of safely weaning the patient from this synthetic opioid. The request is for the purpose of tapering 10% every 2-4 weeks per the CA MTUS guidelines (total of 3 month duration). Opioids have been suggested for neuropathic pain that has not responded to first-line (antidepressants, anticonvulsants). There are no trials of long-term use. Failure to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. This patient's documentation does not show ongoing review and documentation of pain relief, functional status, appropriate medication usage and side effects. Pain assessments are absent. Satisfactory response to treatment is not documented. CURES monitoring and an opioid contract are also not documented. Therefore, it is recommended that the Tramadol be discontinued and tapered in a safe and appropriate manner according to the request. This request is determined to be medically necessary.