MAXIMUS Federal Services

Case Number:	CM15-0063834		
Date Assigned:	04/09/2015	Date of Injury:	06/14/2010
Decision Date:	05/12/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/03/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 43-year-old who has filed a claim for chronic elbow and wrist pain reportedly associated with an industrial injury of June 14, 2010. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve a request for tramadol. The claims administrator referenced a March 15, 2015 RFA form and progress note of April 28, 2014, in its determination. The applicant's attorney subsequently appealed. On March 13, 2015, the attending provider sought authorization for wrist injection, Menthoderm, Naprosyn, Prilosec, and tramadol. No clinical progress notes were seemingly attached. Much of the information on file compromised of bills and RFA forms of various dates and various forms. In a progress note dated September 15, 2014, the applicant reported ongoing complaints of elbow and wrist pain status post earlier carpal tunnel release surgery and cubital tunnel release surgery at unspecified amounts of time. The attending provider sought authorization for placement of TENS unit. Additional physical therapy, Motrin, Prilosec, and a Medrol Dosepak were endorsed while the attending provider was placed off of work, on total temporary disability. Medication selection and medication efficacy were not detailed. On September 17, 2014, the attending provider sought authorization for Menthoderm, Naprosyn, omeprazole, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Tramadol ER 150mg 1 po bid prn for pain #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. The attending provider's progress notes, bills, and RFA forms did not outline any quantifiable decrements in pain or material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.