

Case Number:	CM15-0065177		
Date Assigned:	04/13/2015	Date of Injury:	05/29/2012
Decision Date:	05/12/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/06/2015

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 61-year-old who has filed a claim for chronic hand, wrist, and finger pain reportedly associated with an industrial injury of May 29, 2012. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve a request for tramadol. A RFA form dated January 30, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On September 21, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of hand and wrist pain. The applicant was given topical compounded medications and kept off of work. On January 9, 2015, the applicant reported ongoing complaints of hand and wrist pain with difficulty gripping and grasping. Residual symptoms about the digits were noted. The applicant was asked to pursue additional occupational therapy. The applicant was kept off of work, on total temporary disability. Topical compounded medications were endorsed without any seeming discussion of medication efficacy. On February 6, 2015, the applicant was asked to pursue a functional capacity evaluation. The applicant was status post a wrist arthroplasty procedure. Tramadol was endorsed, with one refill. The applicant was placed off of work, on total temporary disability. The applicant again reported difficulty gripping, grasping, and manipulating. It was suggested (but not clearly stated) that the request for tramadol represented a refill request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg QTY:30: Upheld

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

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 include 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, on the February 6, 2015 progress note on which tramadol was renewed. The applicant continued to report difficulty gripping, grasping, manipulating, and lifting on that date. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.