

Case Number:	CM15-0071026		
Date Assigned:	05/07/2015	Date of Injury:	11/28/2007
Decision Date:	06/05/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/14/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 48 year old male, who sustained an industrial injury on 11/28/2007. He reported cumulative injury from the use of power tools. The injured worker was diagnosed as having left wrist sprain, tear of the left triangular fibro-cartilage, status post carpal tunnel release with mild residual carpal tunnel syndrome, status post left ulnar nerve transposition, right wrist pain, chronic regional pain syndrome of the left hand/arm and depression. There is no record of a recent diagnostic study. Treatment to date has included sympathetic blocks, surgery, physical therapy and medication management. In a progress note dated 2/16/2015, the injured worker complains of constant left upper extremity pain. The pain level without medication is 7/10 and with the medication is 2-3/10. Current medications include Tramadol, Naproxen and Gabapentin. The treating physician is requesting Tramadol Hcl ER 150 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol hydrochloride (HCL) extended release (ER) 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for use of opioids; When to Continue Opioids, When to Discontinue Opioids; Outcomes measures;

Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Page(s): 78, 80, 81, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

Decision rationale: MTUS states regarding tramadol that; "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical note. The provided medical documentation state pain level without medication is 7/10 and with the medication is 2-3/10. With the use of Tramadol the patient is able to work full time and attend school. The original utilization review modified the request, Tramadol HCL 150mg ER #90 was modified to approve a two months supply. While the patient did get pain relief and showed functional improvement, Tramadol requires frequent monitoring and follow up. A 60 to 90 day supply would not be appropriate. As such, the request for Tramadol hydrochloride (HCL) extended release (ER) 150mg, #90 is not medically necessary. Eligible - UR Appeal contains.