

Case Number:	CM15-0072772		
Date Assigned:	04/23/2015	Date of Injury:	07/22/2014
Decision Date:	05/22/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/16/2015

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, Illinois

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 injured worker is a 28-year-old male, who sustained an industrial injury on 7/22/14. He reported left wrist and hand injury. The injured worker was diagnosed as having wrist fracture, lumbosacral radiculopathy, shoulder tendinitis/bursitis and wrist tendinitis/bursitis. Treatment to date has included oral medications, activity restrictions and splinting of fifth metacarpal fracture. Currently, the injured worker complains of continued pain over the left wrist, especially over the pinky and lateral aspect of the wrist. Physical exam noted tenderness over the fifth metacarpal of left hand with decreased range of motion and decreased sensation over the fifth digit; spasm and tenderness are noted in the paravertebral musculature of the lumbar spine with decreased range of motion and decreased sensation is also noted over the left L5 dermatome with pain. The treatment plan included request for authorization of medications: Anaprox, Norflex and Tramadol; authorization is pending for a functional capacity evaluation and testing of upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 7/22/14. The medical records provided indicate the diagnosis of wrist fracture, lumbosacral radiculopathy, shoulder tendinitis/bursitis and wrist tendinitis/bursitis. Treatment to date has included oral medications, activity restrictions and splinting of fifth metacarpal fracture. The medical records provided for review do not indicate a medical necessity for Tramadol ER 150mg #60 with 5 refills. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on treatment with this medication since 10/2014 without overall improvement.