

Case Number:	CM15-0079226		
Date Assigned:	04/30/2015	Date of Injury:	06/26/2013
Decision Date:	06/03/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/24/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 53-year-old male, with a reported date of injury of 06/26/2013. The diagnoses include discogenic cervical disc disease, bilateral carpal tunnel syndrome, bilateral radioulnar joint inflammation, and chronic pain syndrome. Treatments to date have included left carpal tunnel release, an MRI of the cervical spine, carpal tunnel braces, a neck pillow, neck traction, hot/cold wrap, a transcutaneous electrical nerve stimulation (TENS) unit, therapy, and oral medications. The medical report dated 03/17/2015 indicates that the injured worker had issues with his neck and both hands. He had limitation with gripping, grasping, and torqueing. It was noted that numbness was persistent, and the pain was waking him up from his sleep. The objective findings include tenderness along the A1 pulley of the bilateral thumb and long finger, ability to make a full fist, a weak grip, Tinel's along the carpal tunnel area on the right with tenderness along the carpal tunnel area. The treating physician requested Tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. Tramadol is a synthetic opioid affecting the central nervous system. Its use may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. In this case, the patient has been using Tramadol long-term for pain related to CTS. The documentation doesn't support that there has been a meaningful improvement in function while taking this medication. Therefore, the request is not medically necessary.