

Case Number:	CM15-0091121		
Date Assigned:	05/15/2015	Date of Injury:	12/03/2014
Decision Date:	06/18/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on 12/3/14. She reported pain in her right hand, wrist and forearm after lifting a 20 pound machine. The injured worker was diagnosed as having flattening of the medial nerve suspicious for carpal tunnel syndrome on the right, arthropathy at the first carpometacarpal joint and right scapholunate ligament sprain. Treatment to date has included a right wrist and hand MRI, physical therapy and NSAIDs, which caused GI upset. As of the PR2 dated 4/17/15, the injured worker reports persistent right hand/wrist pain with radiating pain up the right arm to the right trapezius. Objective findings include a positive Tinel's test on the right, tenderness to palpation over the right wrist and pain with range of motion. She rates her pain an 8/10. The treating physician requested Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. *Pain*. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in December 2014 and continues to be treated for radiating wrist and hand pain. When seen, pain was rated at 8/10. Physical examination findings included right wrist tenderness with normal but painful range of motion. Tinel's testing was positive. Test results were reviewed and had been consistent with median nerve compression and ligamentous injury. Tramadol was being prescribed at a total (MED (morphine equivalent dose) of 20 mg per day. The assessment references temporary decreased pain with medication use. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction there is no documentation that medications are providing an increased level of function or improved quality of life. The affect on the claimant's level of pain is not adequately documented and there appears to be poor pain control. Therefore, the continued prescribing of tramadol is not medically necessary.