

Case Number:	CM15-0091156		
Date Assigned:	05/15/2015	Date of Injury:	09/05/2014
Decision Date:	06/18/2015	UR Denial Date:	04/16/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 29-year-old female patient, with a reported date of injury of 09/05/2014. The diagnoses include chronic pain syndrome, right hand/wrist pain, and right hand/wrist strain. Per the progress report dated 03/26/2015, she had increased pain during occupational therapy. She was scheduled to see her psychiatrist on 03/27/2015. The objective findings include right hand/wrist in a brace. The medications list includes adderall, tramadol and tramadol ER. The treatment plan includes the refill of medications and follow-up in four weeks. Treatments to date have included oral medications, psychiatric care, and physical therapy evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall 30 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain weaning stimulants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thomson Micromedex-Therapeutic use of amphetamine/ Adderall XR.

Decision rationale: Request: Adderall 30 mg #30. FDA labeled indications for the amphetamine include ADHD and narcolepsy. Detailed evidence of ADHD or narcolepsy is not specified in the records provided. A detailed psychiatric history and examination is not specified in the records provided. History regarding the patient is social functioning; employment status is not specified in the records provided. The notes of the evaluation by the psychiatrist were not specified in the records provided. The medical necessity of Adderall 30mg #30 is not fully established for this patient. Therefore, the request is not medically necessary.

Tramadol 50 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, weaning, stimulants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Request: Tramadol 50 mg #60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided, she had chronic right wrist/hand pain. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50 mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.

Tramadol ER 150 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78,124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, weaning, stimulants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Request: Tramadol ER 150 mg #30. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided, she had chronic right wrist/hand pain. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol ER 150 mg #30 is medically appropriate and necessary to use as prn during acute exacerbations.