

Case Number:	CM15-0093273		
Date Assigned:	05/19/2015	Date of Injury:	10/11/2011
Decision Date:	06/29/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/14/2015

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: California

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 48 year old female, who sustained an industrial injury on 10/11/2011. She reported bilateral hand/wrist pain. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, right cubital tunnel syndrome, and right upper extremity diffuse myalgia, neck and shoulder pain. Treatment to date has included hand therapy, magnetic resonance imaging of the cervical spine, left wrist splinting, and modified duty work status. The request is for Tramadol. On 1/12/2015, she complained of continued left wrist numbness, tingling and pain, which was milder than pain in the right hand. She reported stopping Tramadol which had been prescribed by another physician. Examination revealed healing surgical incision, thumb and finger range of motion normal, wrist range of motion normal, right thumb numbness, and tingling of the right index and middle fingers. The treatment plan included: follow up for neck and shoulder pain, repeat electrodiagnostic studies, and encourage increasing work status as tolerated. On 3/26/2015, she complained of right upper extremity pain and right wrist pain. She reported her pain level had been unchanged from her last visit, and rated her pain as 9/10 with medications and 10/10 without medications. She reported her quality of sleep to be normal, and that she had increased her activity level. She indicated she has been taking her medications as prescribed, and felt that they were working well. Her current medications are: Tramadol, Trazodone, and Humalog mix 75-25. The treatment plan included: Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 tab at bedtime as needed #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Pages 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. The patient sustained an occupational injury on 10/11/11. The progress report dated 03/26/15 note that the patient complained of right upper extremity pain and right wrist pain. The patient stated that the medications were working well. Current medication included Tramadol. Past surgical history noted that the patient had a carpal tunnel release performed on 02/10/14, status-post mastectomy due to breast cancer done in 2003, and status-post knee surgery in 2004. The diagnoses were shoulder joint pain, carpal tunnel syndrome, and radiculopathy. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Tramadol (Ultram) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Tramadol (Ultram). Therefore, the request for Tramadol is medically necessary.