

Case Number:	CM14-0146849		
Date Assigned:	09/12/2014	Date of Injury:	08/30/2011
Decision Date:	10/21/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 y/o male who developed persistent right hand and wrist pain subsequent to an injury dated 8/30/11. He has been diagnosed with traumatic 1st CMC arthritis and chronic wrist strain/sprain. He has been treated with acupuncture 28 sessions with temporary relief. He has been treated with injections with minimal relief. Long term medications have been Naprosyn, Protonix and Lidoderm patches. Tramadol was introduced in May '14. Subsequently there is no documentation of improved pain relief from medications as VAS scores remained the same soon after introducing the Tramadol and there is no improvement in function (restrictions remain the same).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 and no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids When to Discontinue, Page(s): 78,79..

Decision rationale: MTUS Guidelines do not support the long-term use of Opioids when there is no partial pain relief or functional improvements. This patient does not meet Guideline criteria of

the use of long-term opioids. There is no evidence of meaningful pain relief from introduction of the opioid and there are no functional improvements. The Tramadol 50mg. #90 is not medically necessary.