MAXIMUS Federal Services

Case Number:	CM14-0146572		
Date Assigned:	09/12/2014	Date of Injury:	08/30/2010
Decision Date:	09/22/2015	UR Denial Date:	08/20/2014
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. 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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 67 year old male who sustained an industrial injury on 8-30-10. A supplemental report dated 9-12-12 notes a 9-25-11 assessment of chronic myofascial pain syndrome-cervical and lumbar spine, bilateral L5 radiculopathy, mild right C6 radiculopathy, 5-6 mm disc bulge at C5-C6 level per MRI 3-22-11, moderate to severe right carpal tunnel syndrome and moderate left carpal tunnel syndrome, and chronic sprain injury-right shoulder. Previous treatment noted includes trigger point injections, median nerve block, and physical therapy. In an orthopedic re-evaluation dated 8-11-14, the physician notes continued complaints of bilateral elbow pain and bilateral hand pain, left worse than right, nocturnal parasthesias, weakness and numbness. The injured worker reports he has difficulty holding on to items due to weakness and numbness. The bilateral elbow exam reveals significant tenderness to palpation over the medial epicondyle. Tinel's is positive bilaterally. The bilateral hand exam reveals there is tenderness to palpation over the over the transverse carpal ligament. Tinel's and Phalen's are positive and grip strength is decreased bilaterally. Diagnoses are carpal tunnel syndrome bilaterally and bilateral ulnar nerve neuritis. The requested treatment is retrospective Tramadol Hcl ER 150mg #90 (date of service 8-1-14).

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 08/01/14 Tramadol HCI ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guideline: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Per the documentation submitted for review, this appears to be the first prescription of Tramadol. However, as the request for #90 does not allow for assessment at one month, medical necessity cannot be affirmed. Therefore, the request is not medically necessary. Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome?" It should be noted that the UR physician has certified a modification of the request for #45.