

Case Number:	CM13-0016315		
Date Assigned:	01/10/2014	Date of Injury:	01/02/2012
Decision Date:	03/19/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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 is a patient with a date of injury of January 2, 2012. A utilization review determination dated August 12, 2013 recommends partial certification of tramadol 50 mg, certification of naproxen 550 mg, no certification of Tramadol dispensed August 12, 2013, and no certification of naproxen dispensed August 12, 2013. A progress report dated August 21, 2013 includes subjective complaints of pain in both wrists and both elbows. The patient indicates that she is having trouble driving, typing, are working. The pain is rated as 5/10 at rest and 10/10 with work. She is unable to sleep due to the pain. Objective examination findings indicate that the patient is tearful with constant pain in both forearms and mild swelling in both forearms. Diagnoses include bilateral lateral epicondylitis, left mild ulnar carpi ulnaris tenosynovitis, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and axial neck pain due to cervical strain. Treatment plan recommends tramadol and naproxen. A progress note dated December 14, 2012 recommends a prescription of tramadol ER and naproxen. A progress report dated December 11, 2013 indicates that the patient's pain has improved and is currently rated as 3/10. The patient is no longer working, and her pain has improved as a result of that. The note indicates that the patient currently uses Flexeril for spasm as well as Ultram. The note indicates that the medications improve her symptoms and allow her to be more functional. An authorization request dated November 21, 2013 indicates that the patient has weaned off naproxen which was not very effective. The note indicates that the patient is more comfortable with Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Classification-Tramadol (Ultram) Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the patient's function (in terms of specific objective functional improvement) or pain (in terms of reduced NRS, or percent reduction in pain), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Ultram is not medically necessary.

Naproxen 550mg QTY: #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Paom-NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.