

Case Number:	CM14-0007379		
Date Assigned:	02/10/2014	Date of Injury:	03/14/2003
Decision Date:	07/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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:

The patient is a 50 year old male who has submitted a claim for Cervical Strain, Lateral Epicondylitis, and Carpal Tunnel Syndrome, associated with an industrial injury date of March 14, 2003. Medical records from 2003 through 2013 were reviewed, which showed that the patient complained of right shoulder, right elbow, and bilateral wrist pain. On physical examination, no sensorimotor deficits were noted. There was tenderness along the right lateral epicondyle. Tinel's was positive at the bilateral elbows and Phalen's was positive bilaterally. Treatment to date has included right elbow surgery, right carpal tunnel release, chiropractic care, home exercise program, and medications including Ultram 50 mg at night for breakthrough pain (since March 2013). A utilization review from January 3, 2014 modified the request for 1 prescription of Ultram 50 mg #100 to 1 prescription of Ultram 50 mg #25 for weaning purposes; and 16 psychological pain counseling sessions to 4 psychological pain counseling sessions because guidelines recommend an initial trial of 3-4 sessions with additional sessions being medically warranted with evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

UTRAM 50MG #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to page 93-94 and 113 of the MTUS Chronic Pain Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In this case, Ultram was being prescribed since March 2013 (16 months to date). However, given the 2003 date of injury, the exact duration of tramadol use is not clear. Furthermore, there was no documentation of continued functional benefit. There was also no discussion regarding failure of first-line oral analgesics. A clear rationale for continued use of tramadol was not provided. Therefore, the request is not medically necessary.

16 PSYCHOLOGICAL PAIN COUNSELING SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: According to page 23 of the MTUS Chronic Pain Guidelines, behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The MTUS Chronic Pain Guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. In this case, 16 psychotherapy visits was recommended to ameliorate the patient's depression and anxiety and to assist in chronic pain management. However, MTUS Guidelines recommend an initial trial of 3-4 psychotherapy visits only and additional sessions may be warranted with objective functional gains. There is no clear indication for the requested number of psychotherapy sessions. Therefore, the request is not medically necessary.