

Case Number:	CM14-0144235		
Date Assigned:	09/12/2014	Date of Injury:	06/03/2013
Decision Date:	12/05/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/05/2014

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 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 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 injured worker is a 47 year old right-hand dominant male with a date of injury on 6/3/2013. He is diagnosed with right epicondylitis lateral tennis elbow. He underwent urinalysis on 4/9/2014 which noted nothing abnormal. The magnetic resonance imaging scan of the right upper extremities dated 1/24/2014 noted (a) severe common extensor tendinitis and partial thickness tearing of the lateral epicondyle and (b) small effusion. Per the operative records dated 4/11/2014, he underwent Bosworth release of the right elbow with osteotomy. He had postoperative 15 physical therapy sessions from 5/8/2012 to 5/22/2014. Per the records dated 7/3/2014, he complained of right arm swelling in the area of the lateral epicondyle. He stated that ibuprofen and Norco were not helping. The examination noted very tender right lateral epicondyle. The most recent records dated 8/12/2014 noted that he complained of continued pain and discomfort of the right elbow. He noted that he was laid off from work then received a notification that he could come back to work. He stated that he went back to work, worked for about 2 1/2 hours and was in too much pain to continue. The right elbow examination noted pin point tenderness elicited over the incisional site with limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #100 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 74-75, 76-80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, long-term use of opioids is not ideally recommended. However, the said guidelines indicate that if opioids are to be used as part of his ongoing/continued treatment the criteria set forth by the referenced guidelines must be met. In this case, the injured worker is noted to have been provided postoperative prescriptions of Lortab, Ibuprofen, and Norco. However, he indicated that these were not helpful. The most recent records indicate the injured worker was provided with ibuprofen, Flector patches, and Ultram 50 mg in spite of the fact that with previous prescription of Norco, another opioid, in conjunction with ibuprofen were not helpful. The Chronic Pain Medical Treatment Guidelines indicates that Ultram (tramadol) is a central acting analgesic that may be used to treat chronic pain and are reported to be effective in managing neuropathic pain. However, opioids are not generally recommended as first-line therapy for some neuropathic pain and the 4As of ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) should be documented. In this case, the injured worker attempted to return to work; however, he was only able to accomplish 2 1/2 hours of work and had to stop due to pain. However, there is no indication of measurable pain scales (e.g. Visual Analogue Scale) which can be used to determine and compare baseline data to foregoing follow-ups more. Moreover, the previous prescription of Norco did not help. Additionally, there is also no indication of functional improvements with previous opioid usage. There is also no indication of non-opioid medications trial and failed which are indicated as first-line treatment for neuropathic pain (e.g. Gabapentin). Based on these reasons, the medical necessity of the requested Ultram 50 mg #100 with one refill is not established.