

<b>Case Number:</b>	CM14-0024170		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 60-year-old male who reported an injury on 06/19/2012 due to a heavy lift at work. The injured worker was diagnosed with right elbow lateral epicondylitis and hypertension. Prior treatments included 8 sessions of physical therapy, acupuncture, ultrasound, and exercise. The injured worker underwent a right elbow surgical debridement on 03/05/2013. A urine drug screen was performed on 09/06/2013 which was noted to be normal. The injured worker was complaining of increased pain to the right elbow following the 09/06/2013 office visit. The clinical note dated 01/22/2014 noted the injured worker reported pain to the right elbow rated 4-7/10. The injured worker stated the pain was made worse with grasping objects and the pain improved when the upper extremity was at rest. The injured worker was prescribed Percocet, Ultracet, Motrin, Voltaren gel, Lisinopril, Levothyroxine, and Hydrochlorothiazide. The injured worker was unable to extend the right upper extremity. The physician noted a positive Cozen's test and observed the left elbow was tender to palpation and noted a well-healed surgical scar to the right elbow. The provider noted the injured worker had edema to the right elbow. The physician reviewed an EMG and nerve conduction study which was performed on 12/30/2013 which noted no radiculopathy. A Request for Authorization was signed and dated 01/22/2014. The physician's rationale for the request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL HCL 50MG ONE TABLET TWICE DAILY (BID) AS NEEDED (PM) #60 FOR THE RIGHT ELBOW: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page 78 Page(s): 78.

**Decision rationale:** The California MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The physician included documentation indicating medication compliance was corroborated with urine drug tests. The physician noted complaints of increased pain. There is a lack of documentation indicating the injured worker has experienced significant objective functional improvement with the medication. The requesting physician did not include an adequate and complete assessment of the injured worker's pain. As such, the request is not medically necessary and appropriate.