

Case Number:	CM14-0030537		
Date Assigned:	06/20/2014	Date of Injury:	08/17/2012
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/10/2014

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 Internal 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 had a worker's comp injury on 8/17/12 in which he injured his elbow. Plain x-ray showed some mild degenerative arthritis but otherwise was negative. A subsequent MRI showed moderate joint effusion but no sign of fracture or tendon tear. He had an ortho consult in 9/27/13 and LUE/elbow pain with possible neurologic traction as well as mild CTS was diagnosed. An injection of steroid was tried. Subsequent notes in 2013 and 2014 from his PTP note difficulty dealing with his pain and anger and depression. He initially was on Norco, Lexapro, and then had Elavil added. A second EMG done in 2/24/14 showed possible cubital tunnel syndrome. The patient had his Norco d/c'd because of a urine test that was positive for methamphetamine, and he was put on Ultram. He stated that this helped his pain but he was still frustrated with his pain. He was also put on Lyrica for presumed neuropathic pain which seemed to help. Also, Zoloft was given for depression. On 6/3/14 the patient was noted to have an inconsistent urine drug screen and his PTP wanted him off of all narcotics and he had his Ultram D/C'd and continued him on the other meds as well as motrin for his pain and was going to look for a surgical consult. Prior to this the UR had decided not to authorize continued use of this med and to institute a taper in order to remove the medication from his regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER) -Opioid analgesic Page(s): 93-3-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol and Opioids Page(s): 29, 77, 94.

Decision rationale: The chronic pain section of the California MTUS notes that Ultram or Tramadol is a central acting analgesic and has opioid activity and inhibits reuptake of serotonin and norepinephrine and is reported to be effective in neuropathic pain and its side effects are similar to traditional opioids. The California MTUS also states that it should not be given with Soma because of the combination causing euphoria and sedation. It also states that prior to starting it other traditional pain meds should be tried such as NSAID's and that opioids are not a first line treatment for pain. It also notes the patient should be screened for possible abuse potential and other traits that would make a patient unreliable such as depression. In this particular case the patient was noted to be unreliable in having inconsistent urine screens for drugs and in one case he was noted to be positive for methamphetamine. He also often expressed anger and depression with his physician. Due to these factors he is not a good candidate for opioids or use of Tramadol. His treatment should be continued with his other medication without the addition of Tramadol. Therefore, the request is not medically necessary.