

Case Number:	CM14-0040429		
Date Assigned:	06/30/2014	Date of Injury:	03/09/2012
Decision Date:	08/19/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/07/2014

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 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 41-year-old male who reported an injury on 03/09/2012. The mechanism of injury was noted to be repetitive lifting. The injured worker's prior treatments were noted to be acupuncture, physical therapy, use of a transcutaneous electrical nerve stimulation unit, and medications. The injured worker's diagnoses were noted to be repetitive strain injury with bilateral medial and lateral epicondylitis, bilateral ulnar neuropathy and right median neuropathy or right carpal tunnel syndrome. The injured worker was seen for an evaluation on 03/11/2014. It was noted that the injured worker had complaints of pain along the medial and lateral aspect of the elbows. He described the pain as burning with lifting, gripping, or grasping more than about 8 to 10 pounds and performing repetitive fine motor motions such as keyboarding or writing for more than about 5 to 10 minutes. He also stated pain along the lateral aspect of the elbows with similar activities, although this is less intense. He described numbness and tingling which can occur along the volar aspect of all of the digits in either hand and again with performing repetitive fine motor motions. An examination of the bilateral upper extremities revealed 2+ deep tendon reflexes at biceps, triceps, and brachioradialis. Tinel's sign was positive over the carpal tunnels bilaterally. There was medial epicondylar tenderness bilaterally and lateral epicondylar tenderness bilaterally with the medial epicondyle being more painful. He did have pain with manual motor testing, but was able to provide full strength in regard to arm abduction, forearm flexion, and extension, wrist extension, thumb opposition, and finger abduction. The treatment plan is for an EMG of the bilateral upper extremities. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93, 94.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include current pain, the least reported pain over the period since last assessment, average pain, and 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 documentation provided for review fails to provide an adequate pain assessment. The documentation does not indicate a recent urine drug screen. The efficacy of tramadol ER is not noted. As such the request for Tramadol ER 150mg at bedtime #30 is not medically necessary.