

Case Number:	CM14-0054461		
Date Assigned:	07/16/2014	Date of Injury:	02/06/1998
Decision Date:	09/17/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old male with a reported injury on 02/06/1998. The mechanism of injury was not provided. The injured worker's diagnoses consisted of calcific tendinitis of the left shoulder, status post left ulnar nerve transposition with continued evidence of ulnar nerve compression, left lateral epicondylitis, status post bilateral carpal tunnel releases, and possible recurrent bilateral carpal tunnel syndrome. The injured worker has had previous cortisone injections, a home exercise program, and treatment with medications. The efficacy of those treatments were not provided. The injured worker had an examination on 03/17/2014 with complaints of continued pain in both arms, which he reported as worsening. Upon examination, it was noted that he was tender over the left shoulder with a positive impingement sign. He also was tender over the AC joint and greater tuberosity on the left. He had diminished sensation in both hands and he had tenderness over the median nerves at the wrists bilaterally. He was also tender over the left lateral elbow with a positive middle finger test. The list of medications included Voltaren, Prilosec, Mentherm gel, and Tramadol ER. The recommended plan of treatment was to renew his medications. The Request for Authorization was not provided. The rationale 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 ER 150MG #30 DOS 3/17/14: 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 Opioids Page(s): 78-80.

Decision rationale: The request for Tramadol HCL ER 150 MG #30 DOS 3/17/14 is not medically necessary. The California MTUS Guidelines recommend for ongoing monitoring of opioids to include documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant behavior or non-adherent drug related behaviors. There was a lack of evidence of pain relief; there was not a VAS provided. The efficacy of this medication was not provided. The side effects were not assessed. There was a lack of physical and psychosocial functioning deficits and/or improvements. There was not a urine drug screen test provided for the monitoring of aberrant behavior or non-adherent drug related behaviors. The guidelines also recommend to consider a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The injured worker has been on this medication at least since 11/04/2013. There was a lack of evidence of a multidisciplinary pain clinic referral or evaluation. Additionally, the request does not specify directions as far as frequency and duration. There is a lack of evidence to support the medical necessity and the number of 30 pills without further evaluation and assessment. The clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for Tramadol HCL ER 150 MG #30 DOS 3/17/14 is not medically necessary.