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| Case Number: | CM15-0004847 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 08/12/2011 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 12/24/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 71 year old male, who sustained an industrial injury on August 12, 2011. He has reported right shoulder, right upper arm to elbow, and right neck pain. The diagnoses have included chronic shoulder pain, right radial tunnel syndrome, and right carpal tunnel syndrome. Treatment to date has included medications, bracing, a home exercise program, rotator cuff repair on April 9, 2012. Currently, the IW complains of right shoulder pain. The examination on December 16, 2014, reveals physical findings of forward flexion of 160 degrees, positive elbow flexion test, positive Tinel's in the cubital tunnel, and discomfort when elevating the right hand. [REDACTED], dispensed Nabumetome 750 mg, quantity #90 to the injured worker on December 16, 2014. On December 24, 2014, Utilization Review provided modified certification of Tramadol 50 mg, quantity #30 with no refills, and Flector 1.3% transdermal 12 hour patch two week supply, quantity #30 patches, based on MTUS, Chronic pain guidelines. On January 9, 2015, the injured worker submitted an application for IMR for review of Tramadol 50 mg, quantity #30 with two refills, and Flector 1.3% transdermal 12 hour patch, quantity #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol.

Decision rationale: The requested Tramadol 50mg #30 with 2 refills , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first- line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented forward flexion of 160 degrees, positive elbow flexion test, positive Tinel's in the cubital tunnel, and discomfort when elevating the right hand. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg #30 with 2 refills is not medically necessary.

Flector 1.3% Transdermal 12 hour patch #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-

Decision rationale: The requested Flector 1.3% Transdermal 12 hour patch #60 with 2 Refills , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID s have the potential to raise blood pressure in susceptible patients. The treating physician has documented forward flexion of 160 degrees, positive elbow flexion test, positive Tinel's in the cubital tunnel, and discomfort when elevating the right hand. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Flector 1.3% Transdermal 12 hour patch #60 with 2 Refills is not medically necessary.