

Case Number:	CM15-0130902		
Date Assigned:	07/17/2015	Date of Injury:	05/28/2014
Decision Date:	09/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Internal 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 50 year old female, who sustained an industrial injury on May 28, 2014. She reported pain in her elbows, wrists, and ankles due to repetitive work activities. The injured worker was diagnosed as having carpal tunnel syndrome, lateral epicondylitis, wrist strain, sprain-strain ankle, and bilateral elbow, bilateral wrist, and bilateral ankle pain. Diagnostic studies to date have included: On April 27, 2015, x-rays of the bilateral wrists, bilateral elbow, bilateral hands, and bilateral feet. The bilateral wrists, bilateral elbows, and bilateral hands x-rays results were unremarkable. The bilateral feet x-rays revealed plantar and Achilles tendon calcaneal enthesophytes. On May 25, 2015, an MRI of the right hand was unremarkable. On May 25, 2015, an MRI of the left hand revealed a 4th metacarpal joint effusion. On May 25, 2015, an MRI of the left wrist revealed distal radioulnar, radiocarpal, and intercarpal joint effusion, and an increased signal in the scapholunate ligament that may represent a tear. On May 25, 2015, an MRI of the right wrist revealed a positive ulnar variance, subchondral cysts in the capitate and distal radioulnar, radiocarpal, intercarpal, and 4th metacarpal joint effusion. On May 25, 2015, an MRI of the left elbow and on May 26, 2015, an MRI of the right elbow revealed common extensor tendinosis consistent with lateral epicondylitis, a radiohumeral joint effusion, and marrow reconversion of the imaged humeral and radial diaphysis of the bilateral elbows. On May 26, 2015, MRIs of the bilateral feet were unremarkable. On May 26, 2015, MRIs of the bilateral ankles revealed minimal tibiotalar, subtalar, and distal tibiofibular joint effusion, and a plantar calcaneal heel enthesophyte. Treatment to date has included a left cubital tunnel splint, bilateral carpal tunnel splints, work modifications, physical therapy, and non-steroidal anti-

inflammatory medication. There were no noted previous injuries or dates of injury, and no noted comorbidities. On June 11, 2015, the treating physician noted the injured worker had pain of the bilateral elbows, bilateral wrists, and bilateral ankles. The physical exam was unremarkable. The treatment plan includes Tramadol 150 mg twice a day for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 74-96; 113.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines do not recommend the initiation of therapeutic trial of opioid therapy until the injured worker has failed non-opioid analgesics. The CMTUS recommends obtaining a signed and dated pain treatment agreement between the injured worker and the physician, screening for the risk of addiction, and recommend establishing a treatment plan prior to initiating a trial of opioids. The CMTUS recommends Tramadol (Ultram) as a second-line oral analgesic. According to the CMTUS, "Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The injured worker was started on Tramadol therapy for chronic pain. There was a lack of documentation of detailed baseline pain and functional assessments, risk assessment screening, a signed and dated pain treatment agreement, and the establishment of a treatment plan. Therefore, the requested Tramadol is not medically necessary.