

Case Number:	CM15-0131625		
Date Assigned:	07/17/2015	Date of Injury:	04/29/2011
Decision Date:	08/14/2015	UR Denial Date:	06/17/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old female, who sustained an industrial injury on 4/29/11. The injured worker has complaints of right elbow right upper extremity pain. The documentation noted that the injured worker has tenderness over the lateral aspect of her right elbow and has pain with full extension of the right elbow. The diagnoses have included lesion ulnar nerve; epicondylitis; lesion radial nerve and syndrome cervicobrachial. Treatment to date has included electromyography, which was basically negative for mononeuropathy of the ulnar nerve; tramadol for pain; Protonix for gastrointestinal effects; lidoderm patch; anti-inflammatory cream and flexeril for sleep and spasms and right arthroscopic lateral epicondyle fasciotomy in July 2012. The request was for tramadol/acetaminophen 37.5/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #75 with weaning/taper recommendation for discontinue next 1-2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 76-78, 113, 80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75-80.

Decision rationale: Regarding the request for Ultracet (tramadol/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain from 8-9/10 to 5/10 with medication. However, there is no mention of examples of functional improvement, no documentation regarding side effects, and no discussion regarding aberrant use. A urine drug screen on 5/19/2015 showed inconsistent use of prescribed medication. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet (tramadol/acetaminophen) is not medically necessary.