

Case Number:	CM15-0139129		
Date Assigned:	07/29/2015	Date of Injury:	07/29/2008
Decision Date:	09/23/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 35 year old female, who sustained an industrial injury on 7/29/2008. She reported injury to the bilateral elbows, bilateral wrists, and bilateral hands from repetitive use. The injured worker was diagnosed as having right medial epicondylitis, right lateral epicondylitis flare-up, right de Quervain's tenosynovitis status post release, left medial and lateral epicondylitis, left de Quervain's tenosynovitis status post release. Treatment to date has included medication, right elbow surgery, and splinting. The request is for Tramadol. On 2/6/2015, she complained of pain to the bilateral upper extremities. A recent cortisone injection to the right lateral epicondylar region at her last visit was not helpful. She continued to have pain to the right elbow and wrist. She is positive for Tinel's sign and negative for Phalen's sign at the right wrist. She also complained of increased pain at the left upper extremity. The treatment plan included: repeat corticosteroid injection in the office, home exercise program, and Tramadol, and a thumb splint. On 4/7/2015, she complained of pain to the bilateral upper extremities. She reported the cortisone injection given at the last visit was not helpful. She reported continued right elbow and wrist pain. The treatment plan included: hand therapy, and Tramadol. On 4/27/2015, she complained of severe pain to the right upper extremity. She was seen for urgent evaluation. She reported the pain was from the neck to the hand. She also complained of left arm pain. She indicated that Tramadol ER was not helpful. The treatment plan included: Norco, and pain management referral. On 5/13/2015, she complained of pain to the right shoulder, right arm, right elbow, right wrist and right hand, with associated tingling and weakness in the right arm and hand. She rated the pain 9/10 at its best and 10/10 at its worst, with her average pain as 10/10 in the last 7 days. Her pain is aggravated by reaching, lying down, and pushing a shopping cart. She reported difficulty getting dressed and caring for herself. Her current medications

are: Tramadol. She is currently working part time. The treatment plan included: evaluation for participation in a functional restoration program, Tramadol, Diclofenac XR. It is noted an opioid agreement was signed, and a urine drug screen was performed on this date. The results of the urine drug screen are not available for this review. On 6/11/2015, she complained of pain in the bilateral elbows, wrists, and hands. She rated her pain 8/10, with 5/10 at its best and 10/10 at its worst. She ambulates without assistive devices. She is able to put shoes and socks on and take them off independently. The treatment plan included: electrodiagnostic studies, Norco, Cyclobenzaprine, Diclofenac XR, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 78, and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96 Page(s): 113, 74-95, 1, 8-9.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was history of using Tramadol ER being trialed for the worker's chronic pain. However, follow-up reports included the worker stating that this medication didn't help much and reported levels of pain were similar before and after initiating this medication. Also, no previous or more recent reports included a discussion of any functional gains directly related to this medication. Continuation of tramadol ER seems to be unjustified and not medically necessary based on the evidence found in the notes for review.