

Case Number:	CM15-0140260		
Date Assigned:	07/30/2015	Date of Injury:	02/06/1998
Decision Date:	08/26/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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

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 sustained an industrial injury on February 6, 1998, incurring left upper extremity injuries. He was diagnosed with left shoulder impingement syndrome, left elbow epicondylitis and bilateral carpal tunnel. He underwent left ulnar nerve transposition and bilateral carpal tunnel releases. Treatment included pain medications, anti-inflammatory drugs, proton pump inhibitor, topical analgesic gel, physical therapy, splinting, steroid injections and activity restrictions. Currently, the injured worker complained of continued pain in his left shoulder and left medial elbow. He was diagnosed with recurrent left ulnar neuropathy, calcific tendinitis in the left shoulder, left epicondylitis and recurrent right carpal tunnel syndrome. He was noted to have weakness and significant numbness in the left wrist, tenderness in the elbow and shoulder. The treatment plan that was requested for authorization included a prescription for Tramadol extended release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30 (DOS 4/30/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines, cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 1998 injury without acute flare, new injury, or progressive deterioration. The Tramadol ER 150mg #30 (DOS 4/30/15) is not medically necessary and appropriate.