

Case Number:	CM15-0148163		
Date Assigned:	08/11/2015	Date of Injury:	07/03/2014
Decision Date:	09/14/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/30/2015

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: Anesthesiology

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 34 year old female who sustained an industrial injury on 07-03-2014. She reported an injury to her right elbow. She was diagnosed with lateral epicondylitis. Treatment to date had included medications, cortisone injections and physical therapy. According to a recent progress report dated 06-25-2015 the injured worker continued to have persistent pain in the right elbow that was worse with increased activity. With activity, her pain level was rated 8-9 on a scale of 1-10. With use of Tramadol, her pain level reduced down to 5. She was able to perform activities of daily living such as self-hygiene, showering, clothing herself and holding a cup better with less pain. She was able to continue her home exercise program and stretching program. She reported that she had help with heavier chores around the house. There were no side effects with medications. An MRI performed on 05-06-2015 showed high-grade partial tear of the common extensor tendon of the right elbow. Electromyography of the upper extremities performed on 06-01-2015 was normal. She was not working as modified duties were not available. Current medications included Capsaicin, Nabumetone-relafen, Tramadol/apap and Ibuprofen. Diagnoses included carpal tunnel syndrome, epicondylitis lateral and long-term use meds not elsewhere classified. The treatment plan included Capsaicin cream, Nabumetone-relafen 500 mg and Tramadol/APAP 37.5-325 mg #90 t tablet every 8 hours as needed for pain. The provider noted that the goal of therapy was to reduce pain and allow her to continue her rehabilitation with a home exercise program and that with further treatment for the elbow, the injured worker would be able to wean off this medication in the future. There were no signs of aberrant drug behavior. A urine screen performed in March 2015 was negative for all

entities which was consistent with her use of Tramadol intermittently. Currently under review is the request for Tramadol-APAP 37.5-325 mg #90. Documentation shows use of Tramadol dating back to 04-02-2015.

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 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain-Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take before a Therapeutic Trial of Opioids, Opioids Page(s): 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Tramadol-Acetaminophen.

Decision rationale: The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. According to the ODG, Tramadol/Acetaminophen is for short term use of < 5 days in acute pain management and is not recommended for patients with hepatic impairment. The treating provider began treatment with Tramadol/APAP on 04-02-2015, at which time a baseline functional assessment was not documented. Without a baseline functional assessment, there is nothing to compare current functioning with to determine if there has been any improvement. In addition, the injured worker has been using Tramadol longer than guidelines recommend. Medical necessity for the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested treatment with Ultracet is not medically necessary.