

Case Number:	CM15-0163983		
Date Assigned:	09/01/2015	Date of Injury:	03/11/2015
Decision Date:	10/05/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, California

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 48 year old female who sustained a work related injury March 11, 2015. According to a physician's progress report, dated June 29, 2015, the injured worker presented for follow-up with persistent pain in the right elbow, rated 6 out of 10, that radiates down into her right hand with numbness and tingling in the fourth and fifth digits. She reports Tramadol reduces her pain to a 1 or 2 and Aleve reduces her pain to a 2 or 3. She uses Lidoderm patches and this reduces paresthesia in the fourth and fifth digits. Objective findings included; right elbow revealed a slight decrease in range of motion and tenderness to the medial epicondyle; positive cubital Tinel's sign; decreased sensation at the ulnar aspect of the right hand. Diagnoses are right elbow strain; right lateral epicondylitis, rule out tear; right cubital tunnel syndrome; right carpal tunnel syndrome; right wrist sprain. Treatment plan included pending hand consultation; urine toxicology for next visit, dispensed Tramadol, and a prescription for Lidoderm patches. At issue, is the retrospective request for authorization for Ultram (Tramadol). The patient sustained the injury when she was pulling a kitchen wall table. The medication list include Ultram, Nabumatone, Acetaminophen and Lidoderm patch. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultram (Tramadol) 50mg 1-2 tabs po q5 hours prn #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 93-94, 78-80 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Retrospective Ultram (Tramadol) 50mg 1-2 tabs po q5 hours prn #60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. According to a physician's progress report, dated June 29, 2015, the injured worker presented for follow-up with persistent pain in the right elbow, rated 6 out of 10, that radiates down into her right hand with numbness and tingling in the fourth and fifth digits. She reports Tramadol reduces her pain to a 1 or 2 and Aleve reduces her pain to a 2 or 3. She has had paresthesia in the fourth and fifth digits. Objective findings included; right elbow revealed a slight decrease in range of motion and tenderness to the medial epicondyle; positive cubital Tinel's sign; decreased sensation at the ulnar aspect of the right hand. Diagnoses are right elbow strain; right lateral epicondylitis, rule out tear; right cubital tunnel syndrome; right carpal tunnel syndrome; right wrist sprain. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Retrospective Ultram (Tramadol) 50mg 1-2 tabs po q5 hours prn #60 is deemed as medically appropriate and necessary.