

Case Number:	CM15-0190612		
Date Assigned:	10/02/2015	Date of Injury:	11/24/1998
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

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 64 year old female, who sustained an industrial-work injury on 11-24-98. A review of the medical records indicates that the injured worker is undergoing treatment for right elbow injury. Medical records dated (2-9-15 to 6-15-15) indicate that the injured worker complains of constant pain in the right elbow rated 7-8 out of 10 on the pain scale. The injured worker reports that Ultram decreases the pain 50-60 percent. She reports that pain increases with activity. Per the treating physician report dated 2-9-15 the injured worker is retired. The physical exam dated from (2-9-15 to 6-15-15) reveals that there is tenderness and swelling in the right elbow. Treatment to date has included pain medication, Celebrex, Ultram since at least 6-1-13, rest and other modalities. There is no urine drug screen reports noted. The request for authorization date was 7-21-15 and requested service included Ultram 50 mg #90. The original Utilization review dated 9-15-15 modified the request for Ultram 50 mg #90 to Ultram 50 mg #45 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in November 1998 and continues to be treated for right elbow pain. Medications include Celebrex and Ultram. In February 2015 she was taking these medications only when needed with 50-60% benefit. Ultram 50 mg #50 was being prescribed. Celebrex had been denied and was changed to Relafen. In June 2015 she was having constant severe right elbow pain rated at 8/10. Ultram 50 mg #90 was prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Ultram (tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having severe pain and medications had previously provided 50-60% pain relief and the quantity prescribed was increased from #50 to #90 and no refills were given. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. An assessment for efficacy and for continued use would be expected at follow-up. Therefore, the request is medically necessary.