

Case Number:	CM15-0195285		
Date Assigned:	10/09/2015	Date of Injury:	06/27/2011
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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 is a 42 year old, female who sustained a work related injury on 6-27-11. A review of the medical records shows she is being treated for right elbow pain. Treatments have included right elbow surgery, pre and post-operative physical therapy, injections into right elbow and medications. Current medications include Tramadol and Ibuprofen. She has been taking Tramadol since at least 5-2015. There is no documentation on how effective this medication is in relieving her pain or if there is any functional improvements with its use. In the progress notes, the injured worker reports right elbow pain. She rates the pain level a 7 out of 10. This pain level has increased since last visit. In the objective findings dated 9-8-15, she has active decreased range of motion in right elbow. She has moderate tenderness to palpation over the lateral epicondyle and to percussion over the cubital tunnel. She reports some neuropathic- type pain radiating down the ulnar nerve distribution upon manipulation. She is currently not working and is on total temporary disability. The treatment plan includes medication refills and a follow-up re-evaluation. The Request for Authorization dated 9-8-15 has requests for Ibuprofen and Tramadol, for interpreter services and for lab work. In the Utilization Review dated 9-25-15, the requested treatment of Tramadol 50mg. #60 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 06/27/11 and presents with right elbow pain. The request is for Tramadol 50MG #60. The RFA is dated 09/08/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 05/19/15 and treatment reports are provided from 03/16/15 to 09/24/15. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. On 05/19/15, 06/30/15, and 07/28/15, the patient rated her pain as a 6/10 and on 09/08/15 and 09/24/15, she rated it as a 7/10. In this case, none of the 4 As are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol is not medically necessary.