

Case Number:	CM15-0195557		
Date Assigned:	10/09/2015	Date of Injury:	07/31/2012
Decision Date:	11/19/2015	UR Denial Date:	09/26/2015
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: New Jersey

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:

This injured worker is a 64 year old male who reported an industrial injury on 7-31-2012. His diagnoses, and or impressions, were noted to include: severe right tardy-cubital tunnel syndrome, status-post radial head and medial epicondyle fracture (old); impingement right shoulder with degenerative joint disease; and right carpal wrist sprain, "CMC" arthrosis and degenerative joint disease "R-U" joint. Recent x-rays of the right shoulder-elbow and wrist were said to be done on 11-10-2014, electrodiagnostic studies of the upper extremities on 3-6-2015. In addition, magnetic resonance imaging of the right shoulder on 10-1-2014. His treatments were noted to include 6 physical therapy sessions, right cubital tunnel injection (6-25-15) and a return to regular work. The progress notes of 9-17-2015 reported: no change since his previous visit on 8-5-2015, despite medications and physical therapy; that surgery was denied; that he was awakened at night with right hand discomfort; that the ulnar nerve injection resulted in only temporary improvement; and that his right hand was weaker, noting problems with coordination and writing which resulted in termination; and that he was working for another company. The objective findings were noted to include positive Tinel's in the right median and ulnar nerves, into digits 4 & 5, with weak grip; tenderness over the greater tuberosity, anterior capsule, proximal 1/3 of biceps tendon, and right "AC" joint; decreased right shoulder range-of-motion, with positive Neer's; right elbow flexion-extension with paresthesia and tingling right ulnar nerve; moderate intrinsic atrophy of the interossei and 1st right interosseous; tender dorsal of "S-L" interval with significant weakness of intrinsic of the right hand; review of right shoulder-elbow-wrist x-rays (11-10-14), magnetic resonance imaging of the right shoulder (10-14-14), and electrodiagnostic

studies of the upper extremities done (3-6-15). The physician's requests for treatment was noted to include Tramadol 37.5-325 mg, 1 tablet 4 x a day as needed, #60 with no refills. The Request for Authorization, dated 9-17-2015, was noted to include Tramadol 37.5-325 mg, #60 with no refills. The Utilization Review of 9-25-2015 modified the request for Tramadol 37.5-325 mg, #60, to #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Tramadol 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Weaning of Medications.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of chronic use of tramadol leading up to this request, but with insufficient reports of functional gains and measurable pain level reduction directly related to tramadol use to help justify its continuation. Only "minimal improvement" was documented in the notes related to the medication. Without more clear and complete reporting of the criteria for opioid use, this medication is not medically necessary at this time. Weaning may be indicated.