

<b>Case Number:</b>	CM15-0196939		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/19/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 36 year old female, who sustained an industrial injury on 02-19-2015. She has reported subsequent right upper extremity pain and was diagnosed with right ulnar neuritis. Treatment to date has included pain medication, splinting and physical therapy, which were noted to have failed to significantly relieve the pain. In a progress note dated 04-29-2015, the injured worker reported constant right elbow pain with swelling, numbness and tingling into the hand and fingers with radiation to the right forearm that was rated as 9 out of 10. Objective examination findings were notable for tenderness to palpation over the medial epicondyle and pronator, flexor mass on the right, edema over the right elbow medially, positive Tinel's at cubital tunnel and elbow flexion tests on the right, decreased range of motion of the right elbow and forearm and decreased sensation over the C8 dermatome on the right. The plan of care included continuation of physical therapy and starting Neurontin. In a progress note dated 06-10-2015, the injured worker reported ongoing right elbow pain with numbness and tingling radiating into the ring and small finger. Some of the injured worker's symptoms were noted to be improving as the result of the therapy and the medication in the form of Neurontin with improved hypersensitivity throughout the arm but continued pain and weakness of grip was observed. Objective examination findings revealed tenderness to palpation over the cubital tunnel of the right upper extremity, positive Tinel's over the cubital tunnel, decreased sensation to light touch and two point discrimination in the ring and small finger, positive elbow flexion test and edema in the medial elbow. Work status was documented as temporarily totally disabled. The physician noted that Neurontin would continue to be titrated upward and that Anaprox and Ultram were added for pain relief. A request for authorization of Ultram-Tramadol ER (extended release) 150 mg qty 30 (retrospective date of service 06-10-2015) was submitted. As per the 09-25-2015 utilization review, the request for Ultram-Tramadol ER (extended release) 150 mg qty 30 (retrospective date of service 06-10-2015) was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ultram/Tramadol ER (extended release) 150 mg Qty 30 (retrospective DOS 06/10/15):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Opioids.

**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:** Based on the 6/10/15 progress report provided by the treating physician, this patient presents with ongoing right elbow pain with numbness/tingling radiating into the ring/small finger. The treater has asked for ULTRAM/TRAMADOL ER (EXTENDED RELEASE) 150 MG on 6/10/15. The request for authorization associated with this request was not included in reports, but a prior request for authorization for Ultram dated 6/17/15 included the diagnosis of right acute ulnar neuritis. The patient was undergoing physical therapy as of 4/29/15 report. The patient is s/p improvement of symptoms as a result of therapy and Neurontin per 6/10/15 report. The patient's hypersensitivity has improved throughout the arm, but she has continuing pain/weakness with grip per 6/10/15 report. The patient is currently unable to complete an EMG/NCV due to pain, but the treater is requesting repeat electrodiagnostic studies of the right upper extremities to evaluate the severity of injury per 6/10/15 report. The patient is currently temporarily totally disabled until the next follow-up in 6 weeks per 6/10/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states that "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, page 77, 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." The patient presents with chronic pain and neuropathic symptoms in the right upper extremity. The patient does not have a history of taking Ultram per review of reports, but she was taking Valium on 4/14/15 report. The treater is adding Ultram as a pain reliever in

addition to her Neurontin and Anaprox per requesting 6/10/15 report. Utilization review letter dated 9/25/15 denies request as MTUS does not recommend opioids for elbow pain beyond 16 weeks. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.