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| Case Number: | CM15-0212133 | | |
| Date Assigned: | 11/02/2015 | Date of Injury: | 01/23/2014 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 10/28/2015 |

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: California, Hawaii

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 38 year old female who sustained an industrial injury on 1-23-14. A review of the medical records indicates she is undergoing treatment for complex regional pain syndrome I of the right upper limb, chronic pain syndrome, pain in fingers, major depressive disorder, and anxiety disorder. Medical records (4-29-15, 6-3-15, 6-12-15, 7-9-15, 8-7-15, 9-4-15, and 10-5-15) indicate ongoing complaints of right elbow pain that radiates to her left arm. She reports associated swelling of the joint, loss of function and sensation to the affected area, numbness, tingling, and weakness. The 10-5-15 record indicates that she reports that the pain radiates to the neck, bilateral shoulders, bilateral arms, bilateral elbows, bilateral wrists, and bilateral hands. She has rated her pain "5-10 out of 10", with "10 out of 10" occurring on 10-5-15. She has also complained of headaches in the occipital and frontal regions. She is working modified duties and reports that the "pain is intense". Her medications have been denied by insurance. The physical exam (10-5-15) reveals that the injured worker "appears" to be anxious and depressed. No signs of intoxication or withdrawal are noted. Her gait is "normal". Tenderness to palpation is noted in the right paravertebral muscles of the cervical spine, as well as the trapezius muscle. Tenderness is noted on palpation of the right shoulder acromioclavicular joint, coracoid process, glenohumeral joint and greater tubercle of the humerus. The left shoulder reveals positive Hawkins test and tenderness to palpation of the acromioclavicular joint. The right elbow reveals tenderness to palpation over the lateral and medial epicondyles. Tinel's sign is positive. There is also tenderness to palpation over the left medial epicondyle and olecranon process. Tinel's sign is negative in the left elbow. The right

wrist is noted to be swollen with tenderness to palpation over the radial side. Phalen's and Tinel's signs are positive. Painful range of motion is noted. The right hand reveals tenderness to palpation of the index finger, middle finger, and ring finger. Diagnostic studies have included a urine toxicology screen on 8-7-15, showing inconsistent results for the prescribed medications, as well as positive results for cocaine. The injured worker reports that she is "disturbed" by the information, as she "only uses weed". She reports that she buys "weed" off the streets. The treating provider discussed that if the next urine toxicology is inconsistent, her medications would no longer be prescribed. The opioid contract was renewed. Treatment has included acupuncture treatment, cognitive behavioral therapy, a TENS unit, massage therapy, modified work activities, and medications. Her medications have included Terocin patches, Topiramate, Norco, Lyrica, and Percocet. She has been accepted into a functional restoration program to begin 10-19-15. She will be temporarily totally disabled at that time in order to attend the program. The treating provider discontinued Lyrica and Percocet on 10-5-15 and Prescribed Gabapentin and Tramadol ER. The utilization review (10-13-15) includes a request for authorization of Tramadol ER 150mg #30. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL cap ER 150 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Weaning of Medications.

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

Decision rationale: The patient presents with ongoing complaints of right elbow pain that radiates to the left arm with associated swelling of the joint, loss of function and sensation to the affected area, numbness, tingling, and weakness. The current request is for Tramadol HCL cap ER 150 mg Qty 30. The treating physician states, in a report dated 10/05/15, "Prescription: Tramadol HCL ER 150 mg Capsule Qty: 30.00." (133B) The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. While the physician has noted the patient's current pain level, there are no before and after pain scales to show analgesia. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. No validated instruments were used. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The physician did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. In this case, none of the 4As required by the MTUS Guidelines for continued opiate use were documented. The current request is not medically necessary.

