

Case Number:	CM15-0217790		
Date Assigned:	11/09/2015	Date of Injury:	07/28/2011
Decision Date:	12/28/2015	UR Denial Date:	11/01/2015
Priority:	Standard	Application Received:	11/05/2015

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 41 year old female, who sustained an industrial injury on 7-28-2011. Diagnoses include right upper extremity overuse, right lateral epicondylitis, right radial tunnel syndrome, right cubital tunnel syndrome with medial epicondylitis. Treatments to date include activity modification, physical therapy, and a cortisone injection. On 9-24-15, she complained of no change in the pain of the right upper extremity, rating pain consistently 7 out of 10 VAS for the previous four months. Current medications included Tramadol ER twice daily and Lyrica twice daily, prescribed since at least 7-16-15. A urine toxicology screen was obtained on this date and noted as consistent with treatment. The records did not document the efficacy of medication on functional improvement or decreasing pain levels. The physical examination documented tenderness of the medial elbow, positive Tinel's test, and decreased sensation. The plan of care included a prescription to refill the Tramadol ER 100mg, twice daily, #60. The appeal requested authorization for Tramadol ER 100mg tablets #90. The Utilization Review dated 11-1-15, modified the request to allow Tramadol ER 100mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #60: Upheld

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 9/24/15 progress report provided by the treating physician, this patient presents with right upper extremity pain with weakness rated 7/10. The treater has asked for Tramadol ER 100MG #60 on 9/24/15. The patient's diagnosis per request for authorization dated 10/23/15 is right upper extremity overuse. The patient has yet to proceed with physical therapy for the upper extremity with emphasis on active therapy per 9/24/15 report. The patient is currently taking Tramadol and Lyrica as of 9/24/15 report. The patient has had effective use of TENS unit during physical therapy, but has not been authorized for home use of TENS unit per 7/16/15 report. The patient is a candidate for cubital tunnel decompression and possible radial tunnel decompression per AME report per 7/16/15 report. The patient is temporarily partially disabled as of 9/3/15 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 treater does not discuss this request in the reports provided. The patient has been taking Tramadol since 7/6/15 and in subsequent reports dated 7/16/15 and 9/24/15. 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.