

Case Number:	CM15-0030159		
Date Assigned:	02/23/2015	Date of Injury:	08/03/2004
Decision Date:	04/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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 54 year old male, who sustained an industrial injury on 8/3/04. He has reported right elbow injury. The diagnoses have included elbow/forearm bursitis/epicondylitis and elbow/forearm tenosynovitis. Treatment to date has included oral medications, topical medications, physical therapy and home exercise program. Currently, the injured worker complains of right elbow pain and cramping. On physical exam dated 11/24/14 right epicondyle tenderness is noted with a soft bulge. On 2/11/15 Utilization Review submitted a modified certification for Tramadol 50mg #60 with 2 refills modified to Tramadol #15, noting documentation of very minimal pain reduction, and modified certification is for weaning purposes. The MTUS, ACOEM Guidelines, was cited. On 2/18/15, the injured worker submitted an application for IMR for review of Tramadol 50mg #60 with 2 refills modified to Tramadol #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 2/11/15 Utilization Review letter states the Tramadol 50mg, #60 with 2 refills requested on the 1/16/15 medical report was modified to allow #15 tablets of tramadol 50mg, because the prior UR from 11/28/14 recommended weaning. According to the 1/14/15 internal medicine report, signed on 1/16/15, the patient presents with right elbow pain and tightness that limits physical activity. The right hand/arm cramps after 1-hour. Tramadol relieves the pain from 7/10 to 5/10 and allows movement. The diagnoses include: elbow/forearm bursitis/epicondylitis; and elbow/forearm tenosynovitis. The plan was for tramadol 50mg, bid #60 for pain control and allow mobility, with 2-refills. Follow-up was in 1-month. The earliest record provided is dated 3/10/14 and shows the patient had been using tramadol 50mg, bid. There is no discussion of the 4A's required under MTUS guidelines. The 11/21/14 report provides a pain scale showing pain is 6-7/10, but with medications drops to 3/10 and "he has more function". None of the available reports discuss outcome measures or specific examples of functional improvement. It is not reported how much longer the patient can go before his hand cramps with use of medications, or what functions are improved. MTUS page 78 recommends documentation of the 4 A's (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 Chronic Pain Medical Treatment Guidelines, page 88-89 CRITERIA FOR USE OF OPIOIDS for Long-term Users of Opioids 6-months or more states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS criteria for a trial of opioids, or for long-term use of opioids has not been met. The request for Tramadol 50mg, #60 with 2 refills, IS NOT medically necessary.