

Case Number:	CM15-0031991		
Date Assigned:	02/25/2015	Date of Injury:	06/11/2012
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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, Arizona

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 56-year-old female who reported an injury on 06/11/2012. The mechanism of injury was not specifically stated. The current diagnoses include sprained right elbow, sprained right wrist, strain of the right forearm and right elbow lateral epicondylitis. The injured worker presented on 02/03/2015 for a follow up evaluation with complaints of pain in the right upper extremity, increased with repetitive motion. The injured worker is noted to have received conservative management in the form of physical therapy and bracing. The injured worker has also utilized multiple medications. It was noted on 02/03/2015, the injured worker was recommended to wean from Norco. The injured worker reported an improvement in symptoms with the use of Ultracet. Upon examination of the right elbow, there was tenderness on palpation of the lateral epicondyle, negative trigger points and intact sensation. There was tightness to the right shoulder girdle with spasm of the right upper trapezius muscle. Recommendations at that time included a prescription for tramadol 50 mg. A Request for Authorization form was then submitted on 02/03/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. In this case, it was noted that the injured worker had been utilizing tramadol 50 mg since at least 06/2014. There was no documentation of objective functional improvement. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.