

Case Number:	CM15-0055243		
Date Assigned:	03/30/2015	Date of Injury:	03/05/2014
Decision Date:	05/04/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/23/2015

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 57 year old female, who sustained an industrial injury on 3/05/2014, while employed as an agricultural worker. She reported hitting her left elbow against a pole and feeling a shock sensation radiating to her left shoulder. The injured worker was diagnosed as having high grade partial tear of common extensor tendon (per magnetic resonance imaging 5/01/2014), left elbow pain, and left shoulder rotator cuff impingement, clinically, with possible tear clinically. Treatment to date has included x-rays, medications, physiotherapy, acupuncture, electrodiagnostic studies of the left upper extremity on 1/28/2015, and magnetic resonance imaging of the left elbow on 5/01/2014. Urine drug testing, dated 10/10/2014, was inconsistent with prescribed medications. Currently, the injured worker complains of left elbow pain, rated 3/10. She reported overall improvement in pain with recent acupuncture, reporting the ability to perform activities of daily living and the capability of getting a full night of sleep. Physical exam noted tenderness to palpation at the insertion of the common extensor tendons over the left forearm, over the left acromioclavicular joint space, and subacromial region. Testing was positive for Neer's sign and Hawkins-Kennedy. Current medication regime was not noted. The treatment plan included a new prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

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

Decision rationale: The patient presents with left elbow pain radiating to left shoulder rated at 3/10 with and 8/10 without medication. The request is for TRAMADOL 50MG #30 1 REFILL. The request for authorization is dated 03/02/15. MRI of the left elbow, 05/01/14, shows high-grade partial tear of the common extensor tendon with fluid-filled defect. EMG of the left upper extremity, 01,28,15, shows no electrophysiological evidence of a mononeuropathic, radiculopathic, polyneuropathic or myopathic process in the left upper extremity. She feels that she is compensating significantly with the right upper extremity, which is causing significant pain and discomfort in the extremity as well. The patient states she has completed the series of acupuncture and reports improvement in overall pain and ability to perform activities of daily living. The patient signed an opioid agreement. The patient is returned to modified work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS 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. Treater does not specifically discuss this medication. The patient is prescribed Tramadol since at least 08/06/14. Per toxicology report dated, 10/10/14, test result is not expected with prescribed medications, as Tramadol is not detected. Per progress report dated, 01/22/15, treater explains, "The collection date was in October and the previous prescription for this medication was in August. However, per progress report dated, 10/08/14, treater documents, "The patient reports that she is currently taking the tramadol 50 mg and." In this case, MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, analgesia is discussed with pain rating from 8/10 to 3/10, showing significant pain reduction with use of Tramadol. But treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. And an inconsistent UDS report is provided. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.