

Case Number:	CM14-0130756		
Date Assigned:	08/20/2014	Date of Injury:	04/08/2011
Decision Date:	10/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 4/8/2011. Per visit note dated 7/17/2014, the injured worker reports that symptoms from the previous visit are gradually improving. She complains of right elbow pain and discomfort and right wrist/hand pain and discomfort. She returned to work about three weeks ago. For the first two weeks she observed and learned. The last week she did a lot of data entry. She has had aching of the right elbow. On examination of the right elbow she exhibits decreased range of motion and swelling. Tenderness was found. Medial epicondyle tenderness was noted. The surgical incision looks good with very little redness and it is healing well. There is mild tenderness. The medial and lateral epicondyles are not acutely tender. The Tinel's sign over the right cubital tunnel is moderate. The nerve appears irritable. There is no proximal forearm atrophy. The radial tunnels are nontender to palpation. The area of the pronator teres is nontender. There is no palpable subluxation of the ulnar nerve. Froment's reveals some weakness on the right. Wartenburg's appears mild to moderate. The cross finger test show weakness but she can do it. Cozen's sign elicits discomfort of the proximal forearm. There is tenderness at the right cubital tunnel. Abduction of the right index finger is 4/5 on the right. There is decreased light touch of the right little finger. FDP flexion of the right little finger is 4/5. There is positive Whartenburg's sign on the right. No definite intrinsic atrophy is noted. The left little finger FDP strength is 4/5. Grip pre-op was 11, 10, 10 kg on the right and 26, 28, 25 kg on the left. Grip post-op is 12, 11, 11 kg on the right and 26, 26, 23 kg on the left. Today it is noted that the Whartenburg sign is positive with the hand and wrist in neutral and the arm relaxed. She has weak adduction/abduction of the fingers on the right side. Diagnoses include 1) right ulnar nerve entrapment at elbow 2) right medial epicondylitis 3) injury of nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Ultram 50mg #45 refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Opioids, criteria for use Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is status post cubital tunnel release on 1/9/2014 and has returned to work three weeks prior to the clinical visit. Discomfort is reported, but it is unclear how long she has been treated with opioid pain medications. The pain assessment is very limited, and does not describe improvement in pain or functional improvement as a result of opioid pain medications. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol Ultram 50mg #45 refill 1 is determined to not be medically necessary.