

Case Number:	CM14-0144601		
Date Assigned:	09/12/2014	Date of Injury:	10/12/1995
Decision Date:	10/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 56-year-old female with a 10/12/95 date of injury. At the time (6/18/14) of request for authorization for Refill Tramadol 50 mg 2 x day #60 with 2 refills, there is documentation of subjective complaints of neck, right elbow, and right thumb pain. Objective findings include tenderness over the lateral epicondyle extensor muscle mass, basilar joint, posterior cervical and bilateral trapezial musculature, and positive grind test. The current diagnoses are chronic right lateral epicondylitis and right basilar joint arthrosis. Treatment to date is medications, including ongoing treatment with Tramadol and Motrin since at least 3/25/14. Medical report identifies that medications provide functional improvement and pain relief. There is no documentation of moderate to severe pain; and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Tramadol 50 mg 2 x day #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 79-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic right lateral epicondylitis and right basilar joint arthrosis. In addition, given documentation of ongoing treatment with Tramadol and non-steroidal anti-inflammatory drug (NSAID), there is documentation of Tramadol used as a second-line treatment (in combination with first-line drugs). Furthermore, given documentation that Tramadol provides functional improvement and pain relief, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Tramadol use to date. However, there is no documentation of moderate to severe pain. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Refill Tramadol 50 mg 2 x days #60 with 2 refills is not medically necessary.