

Case Number:	CM14-0160808		
Date Assigned:	10/06/2014	Date of Injury:	06/16/2012
Decision Date:	10/30/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation 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 38-year-old female with a 6/16/12 date of injury. At the time (6/16/14) of request for authorization for Tramadol ER 50mg 1 tab OD #60 and Nabumetone 750mg 1 tab BID #90, there is documentation of subjective (ongoing left elbow pain with numbness and tingling radiating to the 4th and 5th digits of the hand; pain in the right shoulder that increases with overhead reaching and forward flexion; numbness and tingling from the lateral elbow into the left forearm; and stress/anxiety/depression) and objective (tenderness to palpation over the right shoulder with decreased range of motion and positive impingement signs; tenderness to palpation over the left elbow lateral epicondyle and extensor carpi radialis with decreased range of motion and positive Mill's and Cozen's tests; and decreased strength of the left wrist extensors (C6)) findings, current diagnoses (left elbow status post lateral repair with residuals - failed, gastroesophageal reflux disease, lateral epicondylitis, and common extensor tendinosis), and treatment to date (ongoing therapy with Nabumetone and Tramadol). Regarding Tramadol ER 50mg 1 tab OD #60, there is no documentation of moderate to severe pain; 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; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tramadol. Regarding Nabumetone 750mg 1 tab BID #90, there is no documentation 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 as a result of use of Nabumetone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 50mg 1 tab OD #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications; Opioids, specif.

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: Specifically regarding Tramadol, 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. In addition, 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. California Medical Treatment Utilization Schedule (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 left elbow status post lateral repair with residuals - failed, gastroesophageal reflux disease, lateral epicondylitis, and common extensor tendinosis. In addition, there is documentation of Tramadol used as a second-line treatment (in combination with first-line drugs (NSAIDs)). However, despite documentation of ongoing pain, there is no (clear) 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. Furthermore, given documentation of ongoing treatment with Tramadol, there is no documentation 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 as a result of use of Tramadol. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 50mg 1 tab OD #60 is not medically necessary.

Nabumetone 750mg 1 tab BID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific d.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs (NSAIDs). California (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 left elbow status post lateral repair with residuals - failed, gastroesophageal reflux disease, lateral epicondylitis, and common extensor tendinosis. In addition, there is documentation of chronic pain. However, given documentation of ongoing treatment with Nabumetone, there is no documentation 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 as a result of use of Nabumetone. Therefore, based on guidelines and a review of the evidence, the request for Nabumetone 750mg 1 tab BID #90 is not medically necessary.