MAXIMUS Federal Services

Case Number:	CM14-0161708		
Date Assigned:	10/07/2014	Date of Injury:	07/12/2000
Decision Date:	12/18/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 60-year-old male who reported an injury on 07/12/2000 due to an unspecified mechanism of injury. The diagnoses included bilateral hand and wrist pain, overuse syndrome, bilateral elbow medial epicondylitis, and history of insomnia. Past surgical treatments included carpal tunnel release with some residual pain, slightly more on the right. Diagnostics included EMG dated 09/05/2012 of the bilateral upper extremities that revealed bilateral abnormalities to the upper extremities, presence of denervation and reinnervation on the right side and on the left side. Presence of bilateral chronic active C5-6 cervical radiculopathy. The injured worker rated his pain a 2/10 to 3/10 with exacerbation, using the VAS. Past treatments also included 150 sessions of physical therapy, massage, acupuncture, and medication. Medication included Ambien, Tramadol, and Gabapentin. Physical findings dated 08/14/2014 of the bilateral hands and wrists revealed range of motion within normal limits, Tinel's sign was positive bilaterally, slightly more on the right at the elbow and at the wrist level. The Finkelstein's was negative. There was mild tenderness to the medial epicondyle bilaterally. Grip strength was normal, as expected. The treatment plan included Tramadol 50 mg. The Request for Authorization dated 08/29/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Tramadol 50mg #60 is not medically necessary. The California MTUS Guidelines state central analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The clinical notes were not evident of documentation addressing any aberrant drug taking behavior or adverse side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The request did not address the frequency. As such, the request is not medically necessary.