

Case Number:	CM15-0008493		
Date Assigned:	01/26/2015	Date of Injury:	04/01/2013
Decision Date:	03/12/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/14/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 28 year old female, who sustained an industrial injury on April 1, 2013. She has reported bilateral wrist and elbow pain. The diagnoses have included bilateral lateral epicondylitis, bilateral synovitis and tenosynovitis, and chronic bilateral wrist extensor and flexor tendonitis. Treatment to date has included physical therapy, medications, injections, transcutaneous electrical nerve stimulation unit, bracing, ice, heat right elbow and wrist surgeries, and imaging studies. Currently, the injured worker complains of continued pain of the elbows and wrists. The treating physician is requesting a prescription for Tramadol. On January 6, 2015 Utilization Review non-certified the request for the prescription for Tramadol noting the lack of documentation to support the medical necessity of the medication. The MTUS chronic pain medical treatment guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Psychological Treatment, Topical Analges.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with tramadol.