

Case Number:	CM15-0019726		
Date Assigned:	02/09/2015	Date of Injury:	02/19/2009
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/03/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who reported an injury on 02/19/2009. The mechanism of injury was not specifically stated. The current diagnoses include muscle atrophy of the upper extremity, pain in a joint of the upper arm, disturbance of skin sensation, chronic pain syndrome, myofascial pain, shoulder pain, and lateral epicondylitis. The injured worker presented on 01/08/2015 with complaints of bilateral upper extremity pain. The injured worker also reported activity limitation and difficulty sleeping. The injured worker was issued a new prescription for tramadol 50 mg in 12/2014. The injured worker reported mild relief with the tramadol 50 mg. Upon examination, there was 4/5 weakness in the left upper extremity, decreased sensation over the left upper extremity, 1+ deep tendon reflexes on the left, tenderness over the cervical paraspinal muscles, tenderness over the cervical facet joints, reduced cervical range of motion, reduced left shoulder range of motion, positive drop arm test, and positive crepitus of the left shoulder with tenderness to palpation. Additional medications included gabapentin 600 mg, amitriptyline 10 mg, and Norco 10/325 mg. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 01/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol ER 150mg, # 60 dispensed on 01/08/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication uses, and side effects should occur. In this case, it was noted that the injured worker was issued a prescription for tramadol in 12/2014. There was no documentation of objective functional improvement following the initial use of this medication. Ongoing treatment would not be supported. There was no evidence of a failure of nonopioid analgesics. Previous urine toxicology reports documenting evidence of patient compliance and non aberrant behavior were not provided. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.