

Case Number:	CM15-0120739		
Date Assigned:	07/01/2015	Date of Injury:	05/09/2007
Decision Date:	09/08/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

Certification(s)/Specialty: Emergency Medicine

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 49 year old female, who sustained an industrial injury on 5/9/2007. The mechanism of injury is unclear. The injured worker was diagnosed as having status post right carpal tunnel release with chronic pain, right rotator cuff tendinitis chronic, and right thumb stenosing tenosynovitis improved with post injection. Treatment to date has included medications, home exercise program, and right thumb injection. The request is for Tramadol 50 mg #30 with 1 refill. On 10/27/2014, her symptoms are reported as unchanged, and she is in need of medications. She reported Mobic to be irritating to her stomach, and the provider planned to switch her to Tylenol extra strength. She is to continue a home exercise program. Her pain is not rated or assessed. The subjective complaints do not indicate her current complaints. The treatment plan included: Tylenol extra strength, home exercise program and follow up in 6 weeks. Her work status is noted as per AME. On 12/8/2014, she is reported as being treated by her primary care physician for right lateral epicondylitis. She reported her shoulder, wrist, and thumb symptoms to be about the same. She is shown to have good range of motion in her right wrist. She has tenderness in the right shoulder and right thumb. A pain assessment and rating is not provided on this date. The treatment plan included: Voltaren gel, Tylenol extra strength. Her work status is noted to be per AME. On 1/26/2015, she reported her symptoms to be unchanged. She is noted to have an appointment set for an AME. She is in need of a refill on Voltaren gel and Tylenol extra strength. The treatment plan included: Voltaren gel, Tylenol extra strength, and awaiting the AME re-evaluation. Her work status is noted to be per AME. On 4/16/2015, she was seen by AME. She is noted to be a poor historian. Her current complaints were noted to be

reviewed and compared with prior diagrams and remain unchanged from previously on 6/16/2013. The AME noted that overall she appears to have improved since the 6/12/2013 assessment, involving the right trigger thumb. The AME requested a functional capacity evaluation. The AME report does not indicate a current work status. On 4/20/2015, she is noted to be symptomatic since her last visit and in need of a refill of Tramadol. Her symptoms are indicated to have been unchanged. The subjective complaints on the PR-2 do not indicate what her symptoms/complaints are. Physical examination revealed right shoulder tenderness, and right thumb tenderness. The treatment plan included: Awaiting the AME report, Tramadol, home exercise program, and follow up in 6 weeks. The report does not include an assessment of her pain or give her functional status. On 5/26/2015, she had a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 74-95, 113.

Decision rationale: Per the CA MTUS, Tramadol (Ultram) is a synthetic opioid affecting the central nervous system that is not recommended as a first line oral analgesic. The CA MTUS indicates the 4 A's for ongoing monitoring should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The CA MTUS indicates opioids for neuropathic pain are not recommended as a first line therapy. Opioid analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. No functional goals were discussed. The current work status was not specified. There was no discussion of improvements in activity of daily living as a result of the use of Tramadol. Urine drug screening results were not provided. There was no documentation of an opioid agreement. There was no documentation of a pain assessment that would include: the injured workers current pain, her least reported pain over the period since her last assessment, her average pain, and the intensity of pain after taking Tramadol, how long it takes for pain relief with Tramadol, and how long pain relief lasts with Tramadol. There are also no noted side effects, or assessment for aberrant behaviors. The prescription of Tramadol 50mg #30 with 1 refill does not include frequency or dosing information. As currently prescribed, Tramadol does not meet the criteria

for long term opioids as elaborated in the CA MTUS guidelines and is therefore not medically necessary.