

Case Number:	CM15-0122351		
Date Assigned:	07/06/2015	Date of Injury:	04/29/2011
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female who sustained an industrial injury on 04/29/11. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include electro diagnostic studies of the upper extremity. Current complaints include right upper extremity pain. Current diagnoses include ulnar and radial nerve lesions, lateral epicondylitis, and cervicobrachial syndrome. In a progress note dated 05/19/15 the treating provider reports the plan of care as a MRI of the right shoulder and medications including pantoprazole/Protonix, Tramadol/apap, and Lidoderm patches. The requested treatment includes tramadol/apap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Acetaminophen 37.5/325mg quantity 90 (1 tablet by mouth every 8 hours, 30 day supply): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tramadol Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury in April 2011 and continues to be treated for persistent right upper extremity pain. When seen, the claimant was noted to be moderately obese. There was pain with shoulder range of motion and positive impingement testing. She had anterior shoulder tenderness. There was medial and lateral epicondyle tenderness. Medications are referenced as providing analgesia with improved activities of daily living. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management and providing analgesia and reported improvement in activities of daily living. There were no identified issues of abuse or addiction. The total MED was less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.