

Case Number:	CM15-0046613		
Date Assigned:	03/19/2015	Date of Injury:	10/01/2011
Decision Date:	05/26/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/12/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 49-year-old female who sustained an industrial injury on 10/01/2011. She reported pain in the right wrist, neck, shoulder, and low back. The injured worker was diagnosed as having discogenic cervical condition with spasms; upper back sprain; epicondylitis, laterally with the MRI showing tendinosis; cubital tunnel syndrome medially; wrist joint inflammation, intersection syndrome status post trigger finger release along the long finger on the right with some tightness; and chronic pain syndrome. Treatment to date has included injections to the lateral epicondyle and to the wrist with temporary relief, and oral and topical pain medications. On the PR-2 dated 3/17/15, the injured worker complained of pain in the right wrist, right hand, and right elbow. The pain is unchanged. Her fingers get numb in the third, fourth and fifth fingers when she raises her arm to the phone. Exam showed wrist and elbow tenderness and a negative Finkelstein test. Requests for authorization were made for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30 Rx date; 2/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Ultram (tramadol) an opioid pain medication used to treat moderate to moderately severe pain with usual dosing every 6-8 hours. It acts by binding to the mu-opioid receptor but it also inhibits the reuptake of serotonin and norepinephrine. Because of this second activity, it must be used cautiously in patients taking serotonin reuptake inhibitor medications as the combined medications may precipitate a life-threatening serotonin syndrome event. Tramadol ER 150 mg is an extended release formulation of this medication. Studies have shown the effectiveness of this medication to control pain for up to three months but there is no long-term studies available showing effectiveness of chronic use. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. The provider has not followed these guidelines in that there was no documentation of a patient pain medication-use contract, no prior trial of any first-line medication for chronic pain (antidepressants or antiepileptic drugs), no request for urine drug screenings or any documentation of improvement in pain with use of opioid pain medication (Ultracet). Medical necessity for use of this medication has not been established. Therefore, this request is not medically necessary.