

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0067257 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 06/02/2010 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/20/2015 |
| Priority: | Standard | Application Received: | 04/08/2015 |

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 62 year old male injured worker suffered an industrial injury on 06/02/2010. The diagnoses included post contusion to the right elbow, epicondylitis with ulnar neuritis. The injured worker had been treated with medications and home exercise program. On 3/3/2015 the treating provider reported right elbow pain with tenderness and reduced sensation along the ulnar nerve distribution. The pain was described as moderated with numbness and tingling to the forearm and hand. The treatment plan included Ultram and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic radiating elbow pain. Medications are referenced as decreasing pain. Ultram ER is being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. 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 ER is a sustained release formulation and would be used to treat baseline pain, which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse or addiction. Therefore, the continued prescribing of Tramadol ER was medically necessary.

One urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indicators and predictors of possible misuse of controlled substances and/or addiction, p87 Page(s): 87. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic radiating elbow pain. Medications are referenced as decreasing pain. Ultram ER is being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the claimant would appear to be at low risk and there are no urine test results within the previous year. Therefore, the requested testing was medically necessary.