

Case Number:	CM15-0072607		
Date Assigned:	04/22/2015	Date of Injury:	02/05/2010
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/16/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 64-year-old male, who sustained an industrial injury on 02/05/2010. He has reported injury to the left wrist/elbow, knee, and low back. The diagnoses have included left lateral epicondylitis; left wrist tenosynovitis with overuse tendinopathy; left wrist partial thickness tear of the triangular fibrocartilage; status post left wrist open reduction of extensor carpi ulnaris tendon sheath; and lumbar hyperextension/hyperflexion. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Tramadol and compounded transdermal creams. A progress note from the treating physician, dated 03/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent left elbow pain; ongoing low back pain; increased symptomatology to the left wrist; and pain in the left wrist is rated 5/10 on the pain scale and is managed with Tramadol. Objective findings included diffuse left wrist tenderness without specific swelling; left wrist range of motion is reduced; and there is a painful grip. The treatment plan has included the request for Ultram 50mg #60, one by mouth every 8-12 hours, with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60, one (1) PO Q8-12H with three (3) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation found in recent notes to show this full review was completed in order to help confirm the appropriateness of continued use of Ultram on a daily basis. There were vague reports only of the Ultram "helping" which is not specific enough. A report is needed including pain levels and functional abilities with compared to without the use of Ultram on a regular basis. Therefore, without more clear evidence of significant benefit, the request for ongoing Ultram with refills is not medically necessary at this time.