MAXIMUS Federal Services

Case Number:	CM14-0101652		
Date Assigned:	07/30/2014	Date of Injury:	09/15/2012
Decision Date:	10/15/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35-year-old female who reported an industrial injury on 9/15/2012, two (2) years ago, attributed to the performance of her customary job tasks reported as being robbed at gunpoint. The patient had been treated and evaluated for the diagnosis of PTSD and major depressive disorder. The patient complained of constant low back pain with stiffness; frequent neck pain and stiffness with headache; constant bilateral knee and foot soreness with weakness; frequent bilateral elbow, forearm, wrist, and hand pain with constant bilateral upper shoulder pain. The objective findings on examination included tenderness to palpation of the cervical spine with muscle guarding; cervical compression test and Spurling's maneuver were negative; diminished range of motion to the cervical spine; lumbar spine with tenderness to palpation and muscle guarding; no tenderness to the bilateral SI joints; SLR negative bilaterally; range of motion of the lumbar spine was documented as diminished; diffuse tenderness to palpation over the bilateral shoulders and trapezius muscles; diffuse tenderness to the bilateral upper extremities; Tinel's sign negative; Phalen's test negative; Finkelstein's test negative; the knees were stable to valgus and varus stress test; Lachman, McMurray's and pivot shift test were negative; active range of motion of the knees were normal; ankles were stable; tenderness over the bilateral plantar aspects of the feet; sensation intact. The patient was prescribed multiple medications including tramadol 50 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120 (tramadol hydrochloride) tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter chronic pain medications; opioids

Decision rationale: The prescription for Tramadol 50 mg #120 for short acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic mechanical back pain; neck pain and bilateral knee pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the whole person. There is no documented functional improvement from this opioid analgesic and the prescribed Tramadol should be discontinued. The ACOEM Guidelines and CA MTUS do not recommend opioids for neck, back, and knee pain. The chronic use of Tramadol is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain only as a treatment of last resort for intractable pain. The provider has provided no objective evidence to support the medical necessity of continued Tramadol for chronic mechanical back, neck, and knee pain. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Tramadol ER.