MAXIMUS Federal Services

Case Number:	CM14-0106159		
Date Assigned:	09/16/2014	Date of Injury:	01/13/2011
Decision Date:	10/16/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/09/2014

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:

The patient is a 58-year-old female who has submitted a claim for neck sprain and strain associated with an industrial injury date of January 31, 2011.Medical records from 2014 were reviewed, which showed that the patient complained of intermittent moderate neck pain with radiation to the arms bilaterally. Examination revealed increased tone with associated tenderness of the bilateral trapezial muscles. There was restricted ROM due to complaints of discomfort and pain. There were also muscle spasms noted and positive Cervical Distraction Test. Examination of the right shoulder revealed tenderness about the periscapular musculature, nearly full ROM and negative impingement test. Treatment to date has included medications such as Cyclobenzaprine and Naproxen and 6 sessions of Acupuncture. Utilization review from June 20, 2014 denied the request for Tramadol 50 mg #60 because there has not yet been a trial of non-opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines STEPS TO TAKE BEFORE A THERAPEUTIC TRIAL OF OPIOIDS Page(s): 76-77.

Decision rationale: According to the Ca MTUS Chronic Pain Guidelines, some of the steps to be taken before a therapeutic trial of opioids are the following: (a) Attempt to determine if the pain is nociceptive or neuropathic, (b) a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics, c) before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals, and (d) baseline pain and functional assessments should be made. In this case, progress notes do not show previous prescriptions of Tramadol and this current request is for a therapeutic trial. There is no attempt to determine if the pain is nociceptive or neuropathic; the latest progress notes do not have a neurologic examination. According to the guidelines, Opioids are not generally recommended as a first-line therapy for some neuropathic pain. The patient had been on Naproxen, a non-opioid medication before but it is not known whether the patient failed due to lack of documentation of baseline pain and functional assessment. Steps to be taken before a therapeutic trial of opioids have not yet been done. Therefore, the request for Tramadol 50 mg #60 is not medically necessary.