

Case Number:	CM14-0135123		
Date Assigned:	08/29/2014	Date of Injury:	08/03/2011
Decision Date:	09/29/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 43-year-old male with a date of injury of 08/03/2011. The listed diagnoses per [REDACTED] are: 1. cervical sprain/radiculopathy. 2. Trapezial, paracervical, and parascapular strain. 3. Status post head trauma. 4. Status post left carpal tunnel release with ulnar nerve decompression at the wrist. 5. Left forearm tendonitis. According to progress report 06/21/2014, the patient presents with pain in his neck and head. Examination of the upper extremity revealed slight to moderate trapezium and paracervical tenderness on the left. There is full range of motion of the left upper extremity and impingement sign is negative. Treater states patient should continue with his Non-steroidal Anti-inflammatory medications for his chronic pain and inflammation. He does require occasional breakthrough narcotic pain medication. Patient's medication regimen includes Voltaren 100 mg, Prilosec 20 mg, and Tramadol ER 150 mg. Utilization review denied the request for Tramadol HCL 150 mg ER #30 on 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hcl 150mg ER Days Supply: 30 quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Opioid use Page(s): 88-89.

Decision rationale: The treater is requesting a refill of Tramadol HCL 150 mg ER #30. Treater states the patient utilizes Voltaren 100 mg on a regular basis but does need occasional breakthrough narcotic pain medication. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been taking this medication since at least 02/17/2014. In this case, there is no outcome measure assessing patient's average pain, intensity of pain, and how long it takes for pain relief. Furthermore, the treater does not take account of adverse effects, aberrant behaviors and does not provide a Urine drug screen for monitoring of medication. Given the lack of sufficient documentation as required by MTUS for long-term opiate use, recommendation is not medically necessary.