

Case Number:	CM14-0152136		
Date Assigned:	10/02/2014	Date of Injury:	06/22/2012
Decision Date:	10/30/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/18/2014

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 & 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 52-year-old male with an injury date of 06/22/2012. According to the 07/14/2014 progress report, the patient complains of having soreness in his neck, shoulder, and back. He is tender in the paracervical spines of the neck and is tender at L1 through S1 of the back. The 06/24/2014 progress report also indicates that the patient has left shoulder pain, elbow pain, bilateral wrist pain, low back pain, and bilateral knee pain. No further positive exam findings were provided. The utilization review determination being challenged is dated 09/17/2014. Treatment reports were provided from 04/21/2014 - 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 80mg #90, refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77, 78, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

Decision rationale: According to the 07/14/2014 progress report, the patient complains of having soreness in his neck, shoulder, and back. The request is for tramadol 80 mg #90, refill 2.

MTUS Guidelines pages 88 and 89 state, "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 4 A's (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. In this case, the physician does not provide outcome measures, specific functional improvement, changes in ADLs, or improvement in quality of life by taking tramadol. There is no indication when the patient began taking this medication either. No discussion was provided regarding adverse side effects/behavior and no pain scales were provided either. Therefore, the request for Tramadol 80mg #90, refill: 2 is not medically necessary and appropriate.