

Case Number:	CM14-0154301		
Date Assigned:	09/23/2014	Date of Injury:	04/29/2008
Decision Date:	12/08/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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 60-year-old male with a date of injury of 04/29/2008. The listed diagnoses per [REDACTED] are: 1. Cervical radiculopathy. 2. Cervical stenosis. 3. Degenerative disk disease of cervical spine. According to progress report 08/06/2014, the patient presents with neck pain with numbness, tingling, and burning that radiates to his shoulder blade. Patient's medication regimen includes tramadol ER 150 mg, naproxen 550 mg, Prilosec 20 mg, Medrox patches, and flurbiprofen cream. The patient reports the medications help decrease pain and increase his function as well as allow him to participate in a home exercise program. Examination revealed tenderness to palpation in the cervical spine and bilateral trapezius with active spasm. Range of motion is decreased in all planes. Flexion elicits pain. The treater is requesting a refill of medications. Utilization review denied the request on 08/25/2014. Treatment reports from 03/12/2014 through 08/06/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30 1 daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

Decision rationale: This patient presents with chronic neck pain that radiates down to the shoulder blade. The treater is requesting tramadol ER 150 mg #30, 1 daily. The 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. Review of the medical file indicates the patient has been prescribed tramadol ER 150 mg since at least 03/12/2014. In this case, recommendation for further use of tramadol cannot be supported as the treater provides no discussion of functional improvement or changes in ADLs with chronic opiate use. Monthly progress reports continually note the pain is "currently rated as 9/10" on pain scale with "no significant change since last visit." Monthly progress reports also provide generic statement that patient "reports that this medication helped decrease his pain and increase his function, as well as help him to participate in a home exercise program." This exact statement is repeated throughout progress reports 03/12/2014, 04/28/2014, 06/17/2014, and 08/06/2014. There is no other discussion regarding this medication's efficacy. Treater does note that the patient denies side effects to medications; however, there is no CURES report discussed and no urine drug screens are provided to monitor compliance. Given the lack of sufficient documentation for opiate management, recommendation is for denial.