

Case Number:	CM14-0157528		
Date Assigned:	09/30/2014	Date of Injury:	03/25/2010
Decision Date:	12/24/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/25/2014

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 Pain 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 injured worker is a 49-year-old female, with a reported date of injury of 03/25/2010. She was involved in a motor vehicle accident, and began to experience pain, numbness, and weakness in the right arm. The current diagnoses include cervical spondylosis with right cervical radiculopathy; post cervical fusion syndrome at C4-5, C5-6, and C6-7; residual degenerative disc disease at C3-4 and C7-T1; myofascial pain; and cervical facet osteoarthritis. The past diagnoses include cervical degenerative disc degeneration; status post C5-C7 anterior discectomy, decompression, and fusion with instrumentation; chronic cervicgia; cervical radiculitis with sensory findings at the right C5 distribution and motor deficits throughout the right upper extremity; pain-related insomnia; and situational depression/anxiety. Treatments have include psychiatric care; MRI of the cervical spine which showed mild degenerative disc disease at C3-C4 and C7-T1 and severe degenerative disc disease at C4-C5; a computed tomography (CT) scan of the cervical spine; Norco 5/325mg, Ibuprofen 600mg; Ultram 50mg; and a sleep aid. The progress report (PR-2) dated 09/05/2014 indicated that the injured worker was seen for cervical neck pain and cervical radiculopathy down the right arm. She complained of a headache, and rated her pain as an 8 out of 10. It was indicated that the pain medication brings the pain level down to a 4-5 out of 10. Current medications include Norco 10/325 mg three times a day and Motrin 600mg twice a day. The physical examination showed tenderness and tightness in the neck, with restriction of extension and flexion at least 50%; neck pain radiating into the back of the head bilaterally, with radiation of pain down the right arm; a positive Spurling's test; and normal motor in all major muscle groups. There was hypoesthesia and dysesthesia of the posterolateral right arm. The treating physician indicates that the chronic pain medical maintenance program benefits the injured worker by reducing her pain, increasing her activity tolerance, and restoring partial overall functioning. The pain medication regimen and

rest continues to keep the pain within a manageable level, which allows her to complete necessary activities of daily living. On 09/13/2014, Utilization Review (UR) denied the request for Ultram 50mg #120. The UR physician noted that the injured worker was placed on a weaning schedule on 03/20/2014 due to the lack of subjective, objective, or functional improvement with long-term opioid usage. The UR physician also cited the MTUS guidelines and noted that the medication should not be taken with Tricyclics due to life-threatening complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. Furthermore, it is noted that the patient is currently taking another short-acting opioid in the form of Norco. The use of multiple short-acting opioids is redundant. In light of the above issues, the currently requested Ultram is not medically necessary.