

Case Number:	CM14-0158756		
Date Assigned:	10/02/2014	Date of Injury:	10/20/2013
Decision Date:	10/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/29/2014

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 40 year old female with an injury date of 10/20/13. Based on the 05/09/14 progress report, the patient complains of lumbar spine, right shoulder and right hand pain. Physical examination to the lumbar spine revealed limited range of motion and tenderness over bilateral paraspinal muscles. Kemp's test was positive bilaterally. Examination to the right shoulder revealed a painful arc of motion and positive Hawkins impingement and empty cans tests. She has been taking Tramadol and reports improvement of 8/10 to 5-6/10 after taking medication. The patient is to return to modified work on 07/02/14. She can do activities around the house for 45 minutes opposed to 30 without having to stop her pain. Diagnosis as of 05/09/14 includes right shoulder strain, right shoulder rotator cuff syndrome, right cervicothoracic strain, acute lumbar strain, and right hand contusion. The request is for Ultram (Tramadol 50mg) #60. The utilization review determination being challenged is dated 08/27/14. The rationale is "no clear evidence of functional improvement, no urine drug test reports,..." "Diagnosis 05/09/14- right shoulder strain- right shoulder rotator cuff syndrome- right cervicothoracic strain- acute lumbar strain- right hand contusion [REDACTED] is requesting Ultram (Tramadol 50mg) #60. The utilization review determination being challenged is dated 08/27/14. The rationale is "no clear evidence of functional improvement, no urine drug test reports,..." [REDACTED] is the requesting provider, and he provided treatment reports from 02/12/14 - 07/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol 50mg) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, Opioids, criteria for use, Opioids for.

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

Decision rationale: The patient presents with lumbar spine, right shoulder and right hand pain. The request is for Ultram (Tramadol 50mg) #60. Per progress report dated 05/09/14, patient has been taking Tramadol and reports improvement of 8/10 to 5-6/10 after taking 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, activities of daily livings (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, while the treater provides a general statement that Tramadol allows patient to do activities around the house for 45 minutes, as opposed to 30 without having to stop her pain, it does not show significant functional improvement. The four A's are not specifically addressed including discussions regarding aberrant drug behavior, adverse side effects and specific ADL's, etc. Given the lack of documentation as required by MTUS, this request is not medically necessary.