

Case Number:	CM14-0167294		
Date Assigned:	10/14/2014	Date of Injury:	03/20/2000
Decision Date:	11/17/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/10/2014

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 Internal 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 (IW) is a 63 year-old male with a date of injury of March 20, 2000. The mechanism of injury is not documented in this medical record. The progress note dated September 4, 2014 noted ongoing complaints of constant upper and lower back pain. The pain level is noted to be 7/10. An approximate 50% in pain reduction is noted with the medication protocol. There are painful motions with the left ankle and right knee. The physical examination noted a restricted lumbar spine range of motion, multiple myofascial trigger points, and muscle spasm of the cervical spine. Cervical compression testing was positive. A decrease in range of motion is positive. He reports that he is having difficulty sleeping due to the pain and numbness in his legs. He feels like his current pain and discomfort is moderately impacting his general activity and enjoyment of life, as well as his ability to concentrate and interact with other people. The treating physician documents the following diagnoses: Chronic myofascial pain syndrome, cervical and thoracolumbar spine; moderate bilateral carpal tunnel syndrome; injury of the right shoulder, right elbow, and left knee; pain and numbness of bilateral lower extremities, due to lumbosacral radiculopathy versus diabetic neuropathy. Ongoing treatment recommendations include: home muscle stretching exercises, aquatic therapy exercises 2 to 3 times a week, deep breathing type meditation as a relaxation technique, and continuation of the Naprosyn 550mg, and Tramadol/APAP 37.5/325mg. The injured worker was scheduled to undergo EMG/CNV study of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medication review for tramadol/acetaminophen 37.5/325mg #120, as an outpatient for pain in the neck, thoracic, lumbar, wrists, right shoulder, right elbow, left knee and lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Crierial for Use of Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Opiates; Tramadol; Criteria for Opiates

Decision rationale: The Official Disability Guidelines discussed the classification of narcotic agonists. Tramadol/acetaminophen 37/325 mg #120 as an outpatient for pain in the neck, thoracic, lumbar, wrists, right shoulder, right elbow, knee and lower extremities is a centrally acting analgesic opiate that may be used to treat chronic pain. The side effect profile is identical to other opiates. With ongoing management of opiates there needs to be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. In this case, the medical record shows this patient has been on Tramadol since August 2014 as noted on a progress note. It is unclear for how long the injured worker was taking tramadol/acetaminophen prior to that date. The injured worker had persistent complaints of upper and lower back pain with a pain level of seven out of 10. Because of the persistent pain although still a subjective reduction of 50%, the pain level continues to be 7 out of 10 and has been getting worse. There is no efficacy or benefit with Tramadol/Acetaminophen because there is no improvement in overall functionality with any associated significant decrease in symptomatology. Based on the clinical information in the medical record and the peer review evidence-based guidelines Tramadol/acetaminophen 37.5/325 mg #120 is not medically necessary.