

Case Number:	CM14-0032736		
Date Assigned:	04/16/2014	Date of Injury:	05/08/2013
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 54 year old female who was injured on 05/08/2013 while she was transferring a heavy patient from a wheelchair to an automobile. Initial physical medicine and Rehab evaluation note dated 08/08/2013 reports the patient presents with complaints of cervical pain with associated radicular pain going into the left arm and low back pain with left sciatica. She has been treated with Etodolac 600 mg, Orphenadrine, Ultracet, Tylenol, Cyclobenzaprine, and Polar Frost. She is currently not taking medications. On examination of the neck, there is full range of motion on rotation, flexion, and extension. She has negative Spurling test bilaterally. There is slight tenderness of the left shoulder with range of motion but negative crank test, negative Feagin test. The lower back shows tenderness. She does have tenderness over the left sciatic notch. She has normal motor and sensory function in hip abduction, hip adduction, and knee extension. Diagnoses are cervical strain with left radicular pain; rule out cervical root involvement versus peripheral nerve involvement and low back pain with left sciatica; rule out peripheral versus central lumbar root involvement. Recommendations are as follows: Medications, ThermaCare patches, Norflex 100 mg, Ultracet; electric heating pads at the neck and lower back followed by home exercises; physical therapy has been requested as well twice a week for 3 weeks, six treatment trials of acupuncture of the neck and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM (TRAMADOL) 50MG, EVERY 4-6 HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: As per CA MTUS guidelines, Ultram (Tramadol) is a synthetic opioid affecting the central nervous system. Further guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). In this case, the medical report dated 08/28/2013 documents that the patient is on Ultracet (Tramadol 37.5mg & Acetaminophen 325 mg) three times a day, with a total dosage of 112.5 mg of Tramadol per day. The treating physician has added another medication (Tramadol 50 mg) in the current medication regimen. There is no clinical rationale submitted why another medication from the same class is required. Also, there is no documentation of detailed clinical pain description (i.e; severity, intensity and response to this medication) or objective functional improvement with the use of Ultracet. Additionally, the guidelines also recommend urine drug screening for individuals using long-term opioids to monitor prescribed substance and issues of abuse, addiction or poor pain control. There is no documentation submitted that a urine drug screening was done. Thus, the request is not medically necessary.