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| Case Number: | CM14-0079822 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 10/07/2003 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 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:

This 45 year-old patient sustained an injury on 10/7/2003 while employed by [REDACTED]. Request(s) under consideration include Ultram ER 150mg #90. Report of 3/10/14 from the provider noted the patient with chronic ongoing cervical spine pain radiating down right arm associated with numbness and tingling; right shoulder pain radiating to shoulder blade. Exam of cervical spine showed tenderness at paraspinal muscles; decreased range of motion; positive Spurling's on right side; right shoulder with positive AC joint tenderness; positive Neer's/ Hawkin's/ O'Brien's. Treatment included topical compound and the patient remained off work. Request(s) for Ultram ER 150mg #90 was partially-certified for quantity #90 without refill on 4/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects
Page(s): 74-96.

Decision rationale: This 45 year-old patient sustained an injury on 10/7/2003 while employed by [REDACTED]. Request(s) under consideration include Tramadol HCL 150 mg Tablet Count #90 for the purpose of weaning to discontinue, with a reduction of MED by 10%-20% per week over a weaning period of 2-3 months. Report of 3/10/14 from the provider noted the patient with chronic ongoing cervical spine pain radiating down right arm associated with numbness and tingling; right shoulder pain radiating to shoulder blade. Exam of cervical spine showed tenderness at paraspinal muscles; decreased range of motion; positive Spurling's on right side; right shoulder with positive AC joint tenderness; positive Neer's/ Hawkin's/ O'Brien's. Treatment included topical compound and the patient remained off work. Medications list Norco, Quazepam, Cyclobenzaprine, Naproxen, Paroxetine, Tramadol, and Narcosoft. Request(s) for Tramadol HCL 150 mg Tablet Count #90 for the purpose of weaning to discontinue, with a reduction of MED by 10%-20% per week over a weaning period of 2-3 months was partially-certified for quantity #90 without refill on 4/25/14. It is unclear why the patient is prescribed 3 short-acting opiates (Norco, Tramadol and same Ultram) without documented indication or extenuation circumstances. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise), not seen here for the chronic unchanged injury of 2003. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Ultram ER 150mg #90 is not medically necessary and appropriate.