MAXIMUS Federal Services

Case Number:	CM14-0082743		
Date Assigned:	07/21/2014	Date of Injury:	04/15/1996
Decision Date:	09/09/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/04/2014

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 Texas and Ohio. 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 50-year-old female who reported an injury on 04/15/1996 due to repetitive motions. The injured worker was diagnosed with myosis pain, fibromyositis/myalgia, carpal tunnel syndrome, mononeuritis and ulnar neuropathy, reflex sympathy dystrophy site NOS, joint pain of upper arm/elbow, pain in hip, and outlet syndrome with plexus lesions. Prior treatments included chiropractic treatment, psychiatrist treatment, Scalene blocks on 05/29/2003, Botox injections in the cervical region and in the bilateral peripheral extremities and trunk on 08/13/2003, 08/26/2003 and again on 10/14/2003, and a home exercise program. Prior diagnostic studies included an Electromyogram (EMG) and nerve conduction velocity (NCV) performed on 12/18/2003 and x-rays of the bilateral elbows and wrists were performed on 10/22/2004. The clinical note dated 04/25/2014 noted the injured worker presented with increased pain. The injured worker reported the shoulder, elbow, hip, ankle, and neck pain were worse. She described the pain as stiff muscle pain, throbbing, and sharp; the pain was intermittent and radiated into the shoulders and arms bilaterally. The injured worker reported she could perform limited activities of daily living. The injured worker rated her pain at 2/10 with medications and 8-10/10 without medications. The injured worker stated medications alleviated pain for 4 hours and she reported no side effects related to medications. The physician noted the injured worker had mild stress and mild severe depression. The injured worker was sleeping 7-8 hours per night which was disturbed and she awakened refreshed. The injured worker reported recurring belly pain and diarrhea during this visit. The physician noted the injured worker's CURES/patient activity report results were appropriate. The physician noted the last drug urine screen was appropriate; no date was provided for this test. The injured worker's last pill count results were appropriate. The injured worker was prescribed Vicodin ES, Tramadol HCL, Ultram, Norco, and Topamax. The physician recommended discontinuing Topamax and Norco tablets on an

office visit on 08/08/2014. The physician noted the injured worker reported pain management lasting 4 hours with medication with pain managed at 2/10 with medications and pain without medications rated at 8/10 to 10/10. The physician refilled all of the injured worker's medications and started the injured worker on Mobic tablets 7.5 mg/5 mL, 1 tablet by mouth daily for 30 days and allow for 3 refills. The physician was requesting Tramadol 50 mg #120. Her rationale was to discontinue Topamax and Norco. The request for authorization form was signed on 08/13/2014 and made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 between 4/25/14 and 7/1/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78..

Decision rationale: The request for Tramadol 50 mg #120 between 04/25/2014 and 07/01/2014 is non-certified. The California MTUS guidelines recommend 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 last assessment, average pain, and 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. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has been prescribed tramadol since at least 04/15/2013. The physician noted a decrease in levels of pain during office visits. The injured worker has reported pain reductions of 50% or greater in her office visits. The clinical note dated 08/07/2014 noted the injured worker reported pain management lasting 4 hours with medication with pain managed at 2/10 with medications and pain without medications rated at 8/10 to 10/10. Increased function and decreased pain have not been documented. It was noted the physician is decreasing other pain medications in this process; however, there is a lack of documentation indicating the injured worker has significant objective functional improvement. As such, the request for Tramadol 50mg #120 is not medically necessary and appropriate.