

Case Number:	CM14-0104440		
Date Assigned:	07/30/2014	Date of Injury:	09/03/2008
Decision Date:	07/03/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on September 3, 2008, incurring neck and back injuries. He was diagnosed with cervicalgia, shoulder sprains and lumbar sprain. Treatment included trigger point injections, pain medications, anti-inflammatory drugs, topical analgesic patches, medication management and work restrictions. Currently, the injured worker complained of neck and low back pain and bilateral shoulder pain with decreased range of motion, guarding and tenderness. Spasms and tenderness were noted upon examination of the vertebral muscles. The treatment plan that was requested for authorization included a prescription for Ultram ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER (Extended Release) 100mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids, Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents on 02/13/15 with unrated neck pain, which radiates into the upper extremities. The patient's date of injury is 09/03/08. Patient is status post trigger point injections at unspecified locations and dated. The request is for 1 prescription of Ultram ER 100MG #30. The RFA was not provided. Physical examination dated 02/13/15 reveals tenderness to palpation of the cervical spine, with spasms and guarding noted and a loss of sensation in the upper extremities along the C5 dermatomal distribution bilaterally. The patient is currently prescribed Naprosyn and Prilosec. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids, Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, 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. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain." In regard to the continuation of Tramadol for this patient's chronic intractable pain, the treating physician has not provided adequate documentation to substantiate continuation. This patient has had some difficulty obtaining Tramadol, owing to denials by utilization review beginning in July 2014, and has since not taken Tramadol. The progress note dated 06/20/14 is the most recent progress note during which this patient was prescribed Tramadol. In regard to efficacy, the documentation is vague, stating: "The patient is fairly stable with medications provided in our office... Tramadol is addressing the patient's nociceptive pain." MTUS requires documentation of analgesia via a validated scale, activity-specific functional improvements, documented consistency with prescribed medications, and a stated lack of aberrant behavior. In this case, there is no use of a validated scale, no specific functional improvements, no discussion of UDS consistency or a stated lack of aberrant behavior. Without such documentation, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.