

Case Number:	CM14-0190962		
Date Assigned:	11/24/2014	Date of Injury:	09/23/2009
Decision Date:	01/13/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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 is a 59 year old female who sustained a work related injury on 9/23/2009. While working with boxes she developed subsequent pain in the neck, low back and bilateral shoulders. She is status-post lumbar fusion in 2011 and cervical discectomy and fusion in 2012. Per the Primary Treating Physician's Orthopedic Follow-up Report dated 7/08/2014, the injured worker reported ongoing neck pain rated as 5 on a numerical scale of 1-10 and low back pain rated as a 7 on a numerical pain scale of 1-10. She reported triggering of the thumb and middle finger on the left hand, pain, numbness and tingling along the lower extremities into the lateral calves, right greater than left, and pain, numbness and tingling of the left thumb, index and middle finger of the left hand. She has completed 12 sessions of acupuncture and reported 70% improvement. She continues with a home exercise program and reports difficulty with activities of daily living. Physical Examination revealed tenderness to the paracervical muscles, limited range of motion in all directions secondary to pain and spasm upon flexion and extension. There is positive Minor's sign, positive Kemp's test bilaterally and positive straight leg raise test bilaterally. She had difficulty with heel and toe walking on the right. There is diminished sensation along the C5-C7 dermatomes of the left upper extremity and L5 and S1 dermatomes of the right lower extremity. Diagnoses included cervical disc syndrome, lumbar disc syndrome, cervical radiculitis, lumbar radiculitis, and triggering of the left thumb and middle finger. The plan of care included physical therapy, EMG testing, medications and a home exercise program. On 10/23/2014, Utilization Review modified a prescription for Tramadol HCL 150mg ER #30 based on lack of medical necessity and recommendation for weaning of medication. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150mg ER #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124.

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

Decision rationale: This is a 59 year old female who sustained a work related injury on 9/23/2009. While working with boxes she developed subsequent pain in the neck, low back and bilateral shoulders. She is status-post lumbar fusion in 2011 and cervical discectomy and fusion in 2012. Diagnoses included cervical disc syndrome, lumbar disc syndrome, cervical radiculitis, lumbar radiculitis, and triggering of the left thumb and middle finger. The plan of care included physical therapy, EMG testing, medications and a home exercise program. 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). 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 functional 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 for this chronic injury without acute flare, new injury, or progressive deterioration. The Tramadol HCL 150mg ER #30 is not medically necessary and appropriate.