

Case Number:	CM14-0191819		
Date Assigned:	11/25/2014	Date of Injury:	03/01/2011
Decision Date:	01/29/2015	UR Denial Date:	10/28/2014
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 Rehab, has a subspecialty in Interventional Spine 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 48-year-old male with a date of injury of 03/01/2011. According to progress report dated 10/28/2014, the patient presents with constant neck pain that is improved with the use of Ultram 150 mg. It was noted that medication allows him to function throughout the day. The patient states that his neck pain radiates to the right side of the arm. As far as medication, the patient is weaning off gabapentin and is down to 600-mg tablets 1 at night. He continues to utilize Zanaflex as needed for chronic myofascial pain and tramadol ER 150 for baseline relief. Physical examination of the cervical spine revealed significant tenderness of the paracervical musculature extending in the right trapezium. There is associated myofascial trigger points with "jump response" noted in the bilateral paracervical and right trapezium musculature. The trigger points are all well-circumscribed during palpation. The palpation does not reproduce radicular pattern or pain but does cause referral pattern into the neck. The listed diagnoses are: 1. Acute myofascial spasm for cervical paraspinal musculature, right side. 2. Postsurgical syndrome status post C5 to C6 anterior cervical discectomy and fusion. 3. Residual left arm radiculitis greatly improved. 4. Cervicothoracic myofascial pain, significantly improved. Treatment plan is for trigger point injections, consultation with orthopedic hand specialist, and continuation of medications including Ultram ER 150 mg, gabapentin 600 mg, and Zanaflex 4 mg. The utilization review denied the request for Ultram ER 150 mg on 10/28/2014. Treatment reports from 06/25/2014 through 10/28/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89; 76-78.

Decision rationale: This patient presents with chronic neck pain. The current request is for Ultram ER 150 mg #50. MTUS Guidelines pages 88 and 89 state, 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 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. Review of the medical file indicates the patient has been utilizing Ultram ER since at least 06/25/2014. According to progress report 06/25/2014, the patient's medication has not been refilled in a timely manner and since running out of medication especially the Ultram ER, he has had increasing pain especially in the neck and upper back. Report dated 08/12/2014 notes that the patient has been utilizing tramadol ER 100 mg twice a day and he is able to perform his occupational duties with self-limited restrictions. The patient states that use of the medication Ultram ER has been allowing him to control baseline pain and continue work. It was noted that a random urinary drug screening was performed on this date. A CURES report from 08/11/2014 was found to be consistent with medications prescribed. Report 09/30/2014 notes that patient's pain is dropped from 6/10 to 2.5-3/10 with current medications. The decrease in pain allows him to fully functional in performing activities of daily living and most household chores. It was noted without medication, the pain increases to the point he has difficulty lifting and performing repetitive motions or forceful activities with the right shoulder. In this case, the treating physician has addressed the required 4A's for opiate management. It was noted the patient has a significant decrease in pain and is able to work with utilizing Ultram ER 100 mg. Urine drug screen was provided on April 2014 and a repeat random UDS was ordered on 08/12/2014. CURES report was consistent, and there was no discussion of adverse side effects with medications. Given the medication's efficacy and the treating physician's documentations of the 4A's, the requested Ultram ER is medically necessary.