MAXIMUS Federal Services

Case Number:	CM14-0200214		
Date Assigned:	12/10/2014	Date of Injury:	10/24/2011
Decision Date:	01/29/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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 50 year old male with an injury date of 10/24/11.Based on the progress report dated 08/06/14, the patient is status right shoulder surgery (date not mentioned). He complains of pain in neck, upper back and lower back, and the bilateral upper and lower extremities. In progress report dated 07/17/14, the patient complains of sharp neck pain that is present 99-100% of time and radiates to right shoulder and left forearm. The patient's upper back pain radiates to bilateral shoulders, left greater than right, while the constant low back pain radiates to the left leg and the five toes on the right. He also has pain in bilateral wrists, right hip, and head. The pain interferes with the patient's ability to perform activities of daily living. Physical examination reveals significant decrease in range of motion of the cervical spine with flexion at 30 degrees, extension at 20 degrees, rotation at 30 degrees, and tilt at 20 degrees. There are palpable trigger points in the paraspinal musculature in the upper, middle and lower back, bilateral trapezial muscles, and parascapular musculature. There is decreased range of motion in the upper and lower extremities as well along with reduced sensation in nail beds of fingers and toes. The patient is unable to heel or toe stand and the straight leg raise is positive bilaterally. The patient's cervical and lumbar pain has been rated at 9/10, as per acupuncture report dated 07/18/14. Medications in the past included Ibuprofen and Ramada, as per progress report dated 07/17/14. The patient has received lumbar epidural injection on 01/29/14 along with aquatic therapy and cervical traction unit in the past, as per progress report dated 08/06/14. The patient's work status has been determined as temporarily totally disabled, as per progress report dated 08/06/14.MRI of the Cervical Spine, 01/12, as per progress report dated 07/17/14: Disc protrusions at C3-4, C-7 and C7-T1MRI of the Thoracic Spine (date not mentioned), as per progress report dated 07/17/14: Disc protrusion at T6-7; degenerative changes at T8-9.MRI of the Lumbar Spine (date not mentioned),as per progress report dated 07/17/14: Disc protrusions at L4-5 with central

stenosis; degenerative changes at L3-4 and L4-5EMG, 11/11, as per progress report dated 07/17/14: Bilateral carpal tunnel syndrome Diagnoses, 08/06/14:- Cervical spine disc bulges- Thoracic spine disc bulges- Lumbar spine disc bulges- Bilateral shoulder internal derangement- Bilateral elbow strain- Bilateral carpal tunnel syndrome- Right hip strain- Left hip strain- Bilateral knee strain- Bilateral ankle/foot strainThe treating physician is requesting for TRAMADOL HCL 150 mg # 60. The utilization review determination being challenged is dated 11/03/14. The request has been modified to Tramadol HCL 150 mg # 30. Treatment reports were provided from 05/28/14 - 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramdol HCL 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82. Decision based on Non-MTUS Citation www.drugs.com-Tramadol ER

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

Decision rationale: The patient presents with pain in neck, upper back, and lower back along with pain in bilateral upper and lower extremities, as per progress report dated 08/06/14. The request is for Tramadol HCL 150 mg # 60. The patient's cervical and lumbar pain has been rated at 9/10, as per acupuncture report dated 07/18/14.For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "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."In this case, a prescription for Tramadol was first noted in progress report dated 07/17/14. In the report, the treating physician states that Tramadol was tried in the past which the patient felt was "unhelpful." It is not clear when the patient started using the opioid for the first time. The treating physician does not explain the reason for the new request, especially since Tramadol was not effective in the past. Although urine drug screen was consistent, as per the progress report, there is no documentation of a change in pain scale, improvement in function, side effects, and aberrant behavior. Since the reports lack discussion about the 4As, including analgesia, ADLs, Adverse reaction, and Aberrant behavior, as required by MTUS, this request IS NOT medically necessary.