

Case Number:	CM14-0202278		
Date Assigned:	12/12/2014	Date of Injury:	11/16/2000
Decision Date:	02/04/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 57-year-old woman who sustained a work-related injury on 11/16/2000. The mechanism of injury of injury was noted to be cumulative trauma. Prior treatment included physical therapy, trigger point injections, pain management, and activity modification. Treating physician notes dated 09/23/2014 and 10/22/2014 indicated the worker was experiencing left wrist pain, low back pain that went into the left buttock, fatigue, neck pain, depression, and anxiety. Documented examination described tenderness in both wrists, weak handgrip, tenderness in the upper back with associated trigger points, decreased motion in the upper and lower back joints, and tenderness in the lower back with spasms. The reviewed documentation concluded the worker was suffering from lumbar and cervical degenerative disc disease with degenerative disk disease and carpal tunnel syndrome involving both wrists. Treatment recommendations included oral and topical pain medications and follow up care. A Utilization Review decision was rendered on 11/05/2014 recommending non-certification for 120 tablets of tramadol 50mg taken one tablet orally four times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg 1 po qid #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Tramadol is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions.

Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed documentation indicated the worker was experiencing left wrist pain, low back pain that went into the left buttock, fatigue, neck pain, depression, and anxiety. The documented pain assessments did not include the majority of the elements recommended by the Guidelines, describe significantly improved pain intensity or function with the use of this medication, or provide a detailed individual risk assessment. In the absence of such evidence, the current request for 120 tablets of Tramadol 50mg taken one tablet orally four times daily is not medically necessary.