

Case Number:	CM14-0206390		
Date Assigned:	12/18/2014	Date of Injury:	04/15/2011
Decision Date:	02/11/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 44-year-old woman who sustained a work-related injury on April 15, 2011. Subsequently, she developed chronic low back and neck pain. According to the progress report dated October 20, 2014, the patient complained of moderate to severe flare-ups of pain with associated muscle spasms about her neck and back region. She also complained of pain with associated stiffness and residual weakness about her right shoulder region, with pain continuing to radiate distally into her right arm. In addition, she reported episodes of depression, anxiety, and insomnia secondary to her musculoskeletal pain. The patient continues to work and she continues to receive pain management treatment. The patient rated the level of her neck/upper back pain as an 8/10 and low back pain as a 6-7/10. Neck/back/spine examination revealed 1+ residual tenderness with 1+ muscle spasms noted in the splenii capitii, quadratus lumborum, and cervical/thoracic/lumbar paravertebral muscles bilaterally (right worse than left), with significantly decreased range of motion on flexion, extension, lateral bending biaterally in the neck and back regions secondary to pain. there was 1+ residual tenderness to deep palpation over the right sacroiliac joint. The straight leg raise test and Lasegue's test were positive. Examination of the right upper extremity revealed 1+ residual tenderness about the right trapezius and right rhomboid muscle groups as well as about the right anterior shoulder capsule. Right shoulder AC joint, and right shoulder deltoid bursa. There was 1+ muscle spasms. The range of motion was significantly decreased on the extremes of flexion, abduction, and internal/external rotation of the right shoulder secondary to pain. 4/5 supraspinatus muscle strength about the right shoulder. Positive Yergason's test right arm. The patient was diagnosed with right shoulder impingement with rotator cuff tendinitis status post right shoulder arthroscopy, cervical sprain/strain with myofascitis, thoracolumbar sprain/strain with myofascitis, and lumbar radiculitis/sciatica. The provider requested authorization for prospective usage of Ultram ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of Ultram ER 150mg Qty 90: Upheld

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

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

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of pain and functional improvement with previous use of Ultram. There is no clear documentation of continuous documentation of patient compliance to her medications. There is no documentation for the need of several opioids for this patient. There is no documentation of the medical necessity of Ultram. Therefore, the prescription of Ultram ER 150mg is not medically necessary.