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| Case Number: | CM14-0206498 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 06/29/2010 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

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 65-year-old woman who sustained a work-related injury on June 29, 2010. Subsequently, she developed chronic neck and shoulder pain. According to the progress report dated December 15, 2014, the patient reported that her worst pain radiates from her left shoulder down arm to hand and up to scalp. Neck pain continued to radiate from neck to her arms. Neck mobility remained limited. Headaches continued to occur daily and were aggravated by myofascial tension arising from the shoulders radiating to the neck. Photophobia continued to be associated with the severity of headaches. Nausea and vomiting continued to occur when headaches were severe. Objective findings included: cervical facets, bilateral, resisted passive pains of motion and provoked headaches. Cervical vectors: calvarium flexion 35 degrees, T1 range of motion 0 degrees, flexion angle 35 degrees, calvarium extension: 45 degrees, T1 range of motion 0 degrees, extension angle 45 degrees, right calvarium lateral bending: 20 degrees. Occiput and posterior cervical muscle tenderness. Moderate tenderness to bilateral temporalis. Severe tenderness to bilateral occipitalis, sub occipitalis, and cervical paraspinal. Severe tenderness and spasm to left trapezius, levator scapula attachment, middle scalene attachment, and pectoralis attachment. Mild tenderness and spasm to right trapezius, levator scapula attachment, middle scalene attachment, and pectoralis attachment. No shoulder tenderness to palpation. All shoulder tests were negative. No elbow tenderness to palpation. Bilateral elbow extension was 80 degrees. Bilateral wrist extension was 40 degrees. C5-C8 sensitivity to touch in arms was 4/5 bilaterally. the patient was diagnosed with headaches, myofascial pain syndrome, rotator cuff tear, left shoulder with impingement, and bilateral carpal tunnel. The provider requested authorization Tramadol IR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol IR 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 93-94, 113.

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. 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 recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Tramadol IR 50mg Qty:60 is not medically necessary.