

Case Number:	CM15-0004436		
Date Assigned:	01/15/2015	Date of Injury:	03/03/2009
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 60 year old female, who sustained an industrial injury on 03/03/2009. A primary treating office visit dated 10/13/2014 reported subjective complaint of shoulder and neck pain. She was diagnosed with cervical discopathy at the C4- C5, left shoulder impingement syndrome and left wrist pain. The plan of care noted to involve an upcoming hearing 11/03/201 regarding authorization of treatment physical therapy, left shoulder magnetic resonance imaging and arthrogram pending and the following were refilled Nabutone and Ultram. On 12/16/2014 Utilization Review non-certified a request for Tramadol ER, noting the CA MTUS Chronic Pain, Tramadol was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Cap 150mg ER # 60: Upheld

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

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

Decision rationale: The 60 year old patient presents with shoulder and neck pain, as per progress report dated 10/13/14. The request is for TRAMADOL HCL CAP 150 mg ER # 60. There is no RFA for this case, and the patient's date of injury is 03/03/09. The patient's diagnoses, as per the same report, includes cervical discopathy at C4-5, left shoulder impingement syndrome, and left wrist pain. Medications, as per the report, include Ultram and Nabutone. The report does not document the patient's work status. 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, only one progress report has been provided for review. The report, dated 10/13/14, includes a prescription for Ultram. The treater, however, does not discuss anything about the opioid medication. The reports do not document a reduction in pain or specific and measurable increase in activities of daily living. No UDS and CURES reports are available for review. The treater does not discuss any side effects associated with Tramadol or Ultram use. MTUS requires clear documentation about the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for chronic opioid use. Hence, this request IS NOT medically necessary.