

Case Number:	CM15-0007630		
Date Assigned:	02/18/2015	Date of Injury:	04/13/2009
Decision Date:	04/02/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/13/2015

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 57 year old male, who sustained an industrial injury on April 13, 2009. He has reported left knee pain, back pain, numbness of the bilateral upper extremities and neck pain. The diagnoses have included multilevel cervical disc desiccation, bulging with annular tear at the cervical 4-5 and cervical 6-7 levels, neuroforaminal stenosis at the cervical 5-5 and cervical 6-7 levels, thoracic and lumbar strain and status post left knee arthroscopy with chondromalacia. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative therapies, pain medications and work duty modifications. Currently, the IW complains of left knee pain, back pain, numbness of the bilateral upper extremities and neck pain. The injured worker reported an industrial injury in 2009, resulting in chronic pain as described above. It was noted he had been treated conservatively and surgically without resolution of the pain. On January 13, 2015, evaluation revealed continued pain. The plan was to renew the pain medications and anxiolytics. On January 13, 2015, Utilization Review non-certified a request for Tramadol ER 150mg #60 with one refill, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 13, 2015, the injured worker submitted an application for IMR for review of requested Tramadol ER 150mg #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #60 with 1 refill: 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 Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The 58 year old patient presents with pain and prickling sensation in the chest, rated at 4/10, lower back, rated at 8/10, and left knee, rated at 6/10, along with pain and numbness in bilateral arms rated at 3/10, as per progress report dated 11/03/14. The request is for TRAMADOL ER 150 mg # 60 WITH 1 REFILL. The RFA for the case is dated 11/03/14, and the patient's date of injury is 04/13/09. Diagnoses, as per progress report dated 11/03/14, included multilevel cervical disc desiccation, bulging with annular tear, and neural foraminal stenosis at C4-5 and C6-7, thoracic strain, lumbar strain, stress, anxiety and insomnia. The patient is status post left knee arthroscopy with chondromalacia, date of this procedure is not mentioned. Medications included Diclofenac, Codeine, Tramadol, and Alprazolam. The patient is not working but has been allowed to work with restrictions, as per the same progress report. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Tramadol is first noted in progress report dated 09/08/14, and the patient has been using the medication consistently at least since then. The patient has been using other opioids including Codeine and Norco as well. In fact, in the same progress report, the treater stated that the patient has been using Norco for a prolonged period of time. The Norco has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain, the treater notes. In progress report dated 11/03/14, the treater states that the Tramadol is for "breakthrough pain." However, the reports do not document a change in pain scale due to opioid use. The treater does not use a validated scale to demonstrate a measurable increase in function. No CURES or UDS reports are available for review. The treater does not list the side effects of Tramadol in this patient. MTUS guidelines require clear discussion about the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, for continued Tramadol use. Hence, this request IS NOT medically necessary. The 58 year old patient presents with pain and prickling sensation in the chest, rated at 4/10, lower back, rated at 8/10, and left knee, rated at 6/10, along with pain and numbness in bilateral arms rated at 3/10, as per progress report dated 11/03/14. The request is for TRAMADOL ER 150 mg # 60 WITH 1 REFILL. The RFA for the case is dated 11/03/14, and the patient's date of injury is 04/13/09. Diagnoses, as per progress report dated 11/03/14, included multilevel cervical disc desiccation, bulging with annular tear, and neural foraminal stenosis at C4-5 and C6-7, thoracic strain, lumbar strain, stress, anxiety and insomnia. The patient is status post left knee arthroscopy with chondromalacia, date of this procedure is not mentioned. Medications included Diclofenac, Codeine, Tramadol, and

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