MAXIMUS Federal Services

Case Number:	CM15-0108024		
Date Assigned:	06/12/2015	Date of Injury:	05/05/2005
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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, Hawaii
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 58 year old female who sustained an industrial injury on 05/05/2005. Current diagnoses include status post anterior cervical discectomy and fusion with ongoing residuals. Previous treatments included medications, cervical surgery in 2011, psychiatric evaluation, physical therapy, and cortisone injections. Report dated 03/26/2015 noted that the injured worker presented with complaints that included persistent ongoing neck pain with radiation to the right upper extremity with numbness and tingling, intermittent headaches, bilateral shoulder pain and upper extremity weakness. Pain level was not included. Physical examination was positive for decreased range of motion, foraminal compression aggravates the chief complaint, Spurling's maneuver is positive, and mildly decreased sensation to the C5-C6 dermatome level. The treatment plan included starting chiropractic treatments, provided the injured worker with diclofenac, and Ultracet, and re-evaluation in four weeks. Of note report dated 04/23/2015 was hard to decipher. Disputed treatments include tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325 mg qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with persistent ongoing neck pain with radiation to the right upper extremity with numbness and tingling, intermittent headaches, bilateral shoulder pain, and upper extremity weakness. The current request is for Tramadol/APAP 37.5/325 mg qty: 180. The treating physician states, in a report dated 03/31/15, "On today's visit ,I have provided the patient with the following medications: Diclofenac, 100mg #30 to treat pain and inflammation; and Ultracet #60, which is a non-habit forming, non-narcotic analgesic medication consisting of 37.5 mg of tramadol and 325 mg of acetaminophen, used to treat moderate to moderately severe pain. I believe these medications will enhance pain relief, help restore function and improve overall ability to better perform activities of daily living. I will assess efficacy of these medications on the patient's return." (70B) The patient has been prescribed Tramadol since at least 11/20/14 (87b) The MTUS guidelines state, "document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, there is no documentation provided to show that the patient has any functional improvement with opioid usage and the 4 As have not been documented. The current request is not medically necessary.