MAXIMUS Federal Services

Case Number:	CM15-0109912		
Date Assigned:	06/16/2015	Date of Injury:	01/15/2015
Decision Date:	07/15/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/08/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 40 year old female, who sustained an industrial injury on 1/15/15. She has reported initial complaints of neck injury at work with pain in the right neck, right shoulder, right thigh and right foot. The diagnoses have included cervical strain, sprain of shoulder, contusion of hip and foot, carpal tunnel syndrome, pain in joint of pelvic region and thigh, and lumbosacral strain/sprain. Treatment to date has included medications, activity modifications, work restrictions, moist heat, diagnostics, physical therapy and acupuncture. Currently, as per the physician progress note dated 5/15/15, the injured worker complains of severe neck pain, headaches, right wrist pain and low back pain. The objective findings reveal weakness and restricted range of motion. There is positive Tinel's and Phalen's sign to right wrist. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and right hip and x-rays of the cervical spine, right femur and right foot. The current medications included Flexeril, Celebrex and Tramadol. There is no previous urine drug screen noted in the records. The physician requested treatment included Tramadol HCL #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL #60: 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. 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. In this case, there is no clear evidence of objective and recent functional and pain improvement from the previous use of Tramadol. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of TRAMADOL HCL #60 is not medically necessary.