

Case Number:	CM15-0012438		
Date Assigned:	01/30/2015	Date of Injury:	10/02/2012
Decision Date:	04/15/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 63 year old female who sustained an industrial injury reported on 10/2/2010. She has reported cervical spine pain, with headaches, dizziness and insomnia, left shoulder pain with impingement, and lumbar spine pain with radiculopathy. The diagnoses have included a neck sprain; shoulder pain; forearm contusion; plantar fibromatosis; and lumbosacral neuritis. Treatments to date have included consultations; diagnostic laboratory and imaging studies; physical therapy; and multiple medication management. The work status classification for this injured worker (IW) was noted to be back to work with restrictions. On 12/29/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/15/2014, for Tramadol Hcl 50mg #60 with 2 refills, for lack of documentation as to improved pain and functioning. The Medical Treatment Utilization Schedule, chronic pain medical treatment, criteria for use of opioids, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hcl 50 mg #60 with refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol HCl 50 mg #60 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiate users recommended patience with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are cervical sprain; shoulder impingement; and lumbar radiculopathy. The documentation indicates the injured worker was taking Tramadol 50 mg #60, 1 PO b.i.d. as far back as September 24, 2013 (according to a progress note the same date). The most recent progress note dated January 29, 2015 (approximately 16 months later), shows the injured worker is still taking Tramadol 50 mg #60, 1 PO b.i.d. The injured worker admits to no significant improvement. There is no documentation with objective functional improvement associated with ongoing tramadol 50 mg. Consequently, absent compelling clinical documentation with objective functional improvement to gauge Tramadol's ongoing efficacy, Tramadol HCl 50 mg #60 with two refills is not medically necessary.