MAXIMUS Federal Services

Case Number:	CM15-0014468		
Date Assigned:	02/02/2015	Date of Injury:	10/27/1999
Decision Date:	11/23/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/26/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who sustained an industrial injury on 10-27-1999. According to an office visit note dated 11-12-2014, the injured worker was seen in follow up for cervicalgia, cervical spondylosis, bilateral shoulder pain, bilateral shoulder degenerative joint disease and chronic pain syndrome. She reported that overall, the switch from the Norco to the Tramadol was tough for the first week, but pain was fairly controlled. When she took the Tramadol, it only lasted 4-6 hours. Zanaflex helped control muscle spasms. When Tramadol kicked in, it controlled the pain "fairly well". The intensity of pain using a numerical scale was not documented. Physical examination demonstrated mild AC and glenohumeral joint tenderness on palpation. Pain was exacerbated by full external rotation. Bilateral upper extremity strength was 5 out of 5 in the biceps, triceps, hand and wrist flexors and extensors. Sensation was intact. Reflexes were 2 plus. Neer's, Hawkin's and Yergason's test was negative. The treatment plan included increasing Tramadol 50mg every 6 hours as needed #120 with one refill and continuation of Zanaflex. Follow up was indicated in 2 months. The injured worker had taken Norco prior to Tramadol. On 09-17-2014, urine toxicology was noted as consistent with use of Norco and inconsistent with Clonazepam. On 01-06-2015, Utilization Review modified the request for Tramadol 50 mg #120 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1999 and was being treated for neck, bilateral shoulder, and chronic pain. In October 2014 Norco was providing pain control. Urine drug screening was consistent with the prescribed medications. The assessment references an extensive consultation with the claimant, Norco was discontinued, and tramadol 50 mg #90 was prescribed. When seen in November 2014 her pain was fairly well controlled after switching medications. However, tramadol was lasting only 4-6 hours. Physical examination findings included mild bilateral glenohumeral joint and acromioclavicular joint tenderness. There was pain with external rotation. Her tramadol was increased from 50 mg #90 to 50 mg #120. One refill was provided. A pain assessment should include the current level of pain, the least reported level of pain over the period since the last assessment, the average level of pain, the intensity of pain after taking the opioid medication, how long it takes for pain relief to occur, and how long the pain relief lasts. In this case, VAS pain scores are not documented. Although there were no identified issues of abuse or addiction and the total, MED was less than 120 mg per day, there was no documentation of specific examples of how this medication was resulting in an increased level of function or improved quality of life. The tramadol was increased with one refill provided and assessing the claimant's response to the increased dose after one month would be expected. The request cannot be accepted as being medically necessary.