

Case Number:	CM15-0140287		
Date Assigned:	07/30/2015	Date of Injury:	11/20/2009
Decision Date:	09/24/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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 56 year old male, who sustained an industrial injury on 11/20/2009. The mechanism of injury is not indicated. The injured worker was diagnosed as having syncope and collapse, cervical radiculopathy, neuralgia, neuritis and radiculitis, major depression, lumbosacral radiculopathy, hypertension, and depressive disorder. Treatment to date has included medications, acupuncture, and psychotherapy. The request is for Tramadol. On 4-7-2015, he reported worsening symptoms of neck and low back pain since his last exam. He is reported to have elevated blood pressure, and was sent to the emergency room. His treatment plan included: continue acupuncture, continue psychotherapy, and follow with an internist. His medications are: Docusate, Orphenadrine, Tramadol, Omeprazole, and Naproxen. On 6-30-2015, he reported neck pain with radiation into the left hand. The provider noted no significant improvement since his last exam. The treatment plan included: Tramadol refill. He is noted to be permanently totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: The 56 year old patient complains of neck pain radiating to the left hand and lower back pain, as per progress report dated 06/30/15. The request is for TRAMADOL HCL 50mg #60 WITH 2 REFILLS. The RFA for this case is dated 06/30/15, and the patient's date of injury is 11/20/09. Diagnoses, as per progress report dated 06/30/15, included syncope and collapse; cervical radiculopathy; neuralgia, neuritis and radiculitis; major depression; lumbosacral radiculopathy; depressive disorder; and hypertension. Medications included Docusate sodium, Orphenadrine, Tramadol, Omeprazole and Naproxen. The patient is permanently totally disabled, 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 p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, a prescription for Tramadol is first noted in progress report dated 10/29/13. It appears that the patient has taken the medication consistently since then. The progress reports do not document when the Tramadol therapy was initiated. The treater does not use a pain scale to demonstrate reduction of pain nor does the treater provide specific examples that indicate improvement in function. No UDS and CURES reports are available for review. There is no discussion regarding side effects of Norco as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Additionally, MTUS p80, 81 states regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request IS NOT medically necessary.