MAXIMUS Federal Services

Case Number:	CM15-0144895		
Date Assigned:	08/05/2015	Date of Injury:	04/19/2013
Decision Date:	09/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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 59 year old male who sustained an industrial injury involving a twisting movement resulting in low back pain. The date is not clear. The Doctor's First Report also indicates cumulative trauma on 4-19-15 from working as an electrician and involved the neck, back, both shoulders and both hands. He currently complains of neck pain; back pain; bilateral shoulder pain; bilateral hand pain. On physical exam there was bilateral medial and lateral epicondylar tenderness; bilateral rotator cuff tenderness; paracervical tenderness; parathoracic tenderness and paralumbar tenderness. Medications were trazadone, Elavil, tramadol. Diagnoses include chronic cervical pain; cervical disc disease; chronic cervical radiculopathy; chronic bilateral shoulder sprain; chronic bilateral medial and lateral epicondylitis; chronic bilateral carpal tunnel syndrome; chronic low back pain; dyspepsia due to medications; gastroesophageal reflux disease; depression; anxiety; status post left carpal tunnel release (4-23-15); depression. Treatments to date include physical therapy; medication. Diagnostics include MRI of the cervical spine (8-21-13) showing multilevel disc bulges and neuroforaminal narrowing; electrodiagnostic studies (2-13-14) showing chronic cervical radiculopathy bilateral C6, 7 and 8 and bilateral carpal tunnel syndrome; MRI of the lumbar spine (8-21-13) showing multilevel disc bulges, posterior annular tear, nerve root compromise; right and left MRI of the elbows(8-21-13) showed lateral epicondylitis. In the progress note dated 7-9-15 the treating provider's plan of care includes a request for Tramadol 50 mg #120 with no refills. The injured worker obtained pain relief and improved functioning per 7-9-15 note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

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

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. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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. The 4 A's for Ongoing Monitoring: 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. There is no clear documentation of pain and functional improvement with previous use of Tramadol. There is no clear documentation of continuous monitoring of the patient's compliance with his medications. In addition, the patient was diagnosed with depression and there is no documentation of the medical necessity of Tramadol over NSAID. Therefore, the prescription of Tramadol 50mg #120 is not medically necessary.