

Case Number:	CM15-0147414		
Date Assigned:	08/10/2015	Date of Injury:	05/12/2004
Decision Date:	09/10/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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 61 year old female, who sustained an industrial injury on 5-12-04. The injured worker has complaints of left shoulder pain radiating to the left upper trapezius muscle as well as left paraspinal muscle and cervical spine. The injured worker complaints of cervical spine pain that radiates up into the back of her head causing headaches and is aggravated by any neck movement. Cervical spine examination reveals positive tenderness to palpation over the cervical paraspinal musculature and decreased range of motion secondary to pain and stiffness. Examination of the bilateral shoulders reveals positive acromioclavicular joint tenderness. The diagnoses have included cervical discopathy with disc displacement; cervical radiculopathy and bilateral shoulder impingement syndrome. Treatment to date has included compound creams for pain; fexmid; nalfon; prilosec; ultram; norco and naprosyn. The request was for ultram ER (Tramadol HCL) 150mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER (Tramadol HCL) 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER).

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: This patient presents with cervical spine pain that radiates up into the back of her head causing headaches. The current request is for Ultram ER (Tramadol HCL) 150mg #90. The RFA is dated 07/02/15. Treatment history includes medications. The patient is not working. 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The patient has been prescribed Ultram since 2013. According to progress report 07/02/15, the patient complains of left shoulder, left upper trapezius and left paraspinal muscles of the c-spine pain. Her neck pain is causing headaches. The patient is pending shoulder surgery. Pain scale rating form dated 03/23/15 noted with the use of Ultram pain is reduced from 9/10 to 7-8/10. Another pain scale was provided in report 03/23/15 which noted decrease in pain from 9/10 to 7-8/10 with using Ultram. Report 12/29/14 through 07/02/15 states medication are helpful in alleviating her pain. Pain scales and urine drug screens are provided; however, the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement to fully satisfy the required four A's. The request IS NOT medically necessary and recommendation is for slow weaning.