

Case Number:	CM15-0160639		
Date Assigned:	08/27/2015	Date of Injury:	06/25/2002
Decision Date:	09/29/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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 June 25, 2002. The diagnoses associated with the request include cervico-brachial syndrome, cervicgia, thoracalgia, and carpal tunnel syndrome. Treatment to date has included diagnostic imaging, opioid medications, and acupuncture therapy. Currently, the injured worker complains of bilateral hand pain. She describes the pain as dull to sharp and rates her pain an average of 4-7 on a 10-point scale. She reports that her pain is aggravated with cold weather, vacuuming, yard work and driving. She reports that she has gradually worsening symptoms in the cervical spine, the upper thoracic spine, the left scapulae and increased numbness and tingling in the left upper extremity over the previous year. She reports occasional weakness in the bilateral hands and notes she is dropping things. On physical examination the injured worker has tenderness to palpation over the cervical and thoracic spine and the bilateral wrists. She has pain with bilateral shoulder range of motion. The injured worker had a decreased lumbar spine range of motion. She has positive Max compression test and foraminal compression test of the bilateral cervical spine. The treatment plan includes Ultram, omeprazole and nabumetone, and MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL (hydrochloride) tab 100 mg ER (extended release), Qty 30 with 4 refills, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2002 injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol HCL (hydrochloride) tab 100 mg ER (extended release), Qty 30 with 4 refills, 30 day supply is not medically necessary or appropriate.

Tramadol HCL (hydrochloride) tab 50 mg, Qty 30 with 0 refills, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or improved functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the

continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tramadol HCL (hydrochloride) tab 50 mg, Qty 30 with 0 refills, 30 day supply is not medically necessary or appropriate.