

Case Number:	CM15-0166627		
Date Assigned:	09/04/2015	Date of Injury:	10/22/2014
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/24/2015

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 35-year-old male, who sustained an industrial injury on October 22, 2014. He reported increased pain in his right shoulder, right wrist, right hand, upper back, shoulder blade area, low back and tailbone area. The injured worker was currently diagnosed as having lumbar spine musculoligamentous strain and sprain, right shoulder strain and sprain, right shoulder tendinitis, right shoulder impingement syndrome, right elbow strain and sprain, right elbow lateral epicondylitis, right wrist strain and sprain, rule out right wrist carpal tunnel syndrome and rash secondary to pain. Treatment to date has included chiropractic treatment, physical therapy, extracorporeal shockwave therapy, diagnostic studies and medication. On July 15, 2015, the injured worker reported improved lower back, right wrist, right shoulder and right elbow symptoms. The symptoms were noted to be improved from a 4-5 on a 1-10 pain scale from a prior exam. The treatment plan included continuing chiropractic therapy of the right upper extremity, Tramadol medication and a functional capacity evaluation to ensure he can safely meet the physical demands of his occupation. A request was made for Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 07/15/15 with lower back pain rated 4/10, improved from last visit. The patient's date of injury is 10/22/14. Patient has no documented surgical history directed at this complaint. The request is for TRAMADOL 50MG #60. The RFA is dated 07/15/15. Physical examination dated 07/15/15 does not include any remarkable findings, only a lack of tenderness in the affected regions compared with previous visits. The patient is currently prescribed Tramadol. Patient is currently advised to return to work with no limitations ASAP. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS Guidelines, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In regard to the requested Tramadol for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue use. Progress notes dated 07/15/15 does not specifically address the efficacy of this patient's medication regimen. There is evidence of increased functionality and improvement compared with this patient's previous visits. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no evidence that this patient is non-compliant with his medications. However, the provider does not include any measures of analgesia via a validated scale, any activity-specific functional improvements, or include a statement regarding a lack of aberrant behavior. Without such documentation, continuation cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.