MAXIMUS Federal Services

Case Number:	CM15-0167213		
Date Assigned:	09/04/2015	Date of Injury:	09/13/2010
Decision Date:	10/07/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/25/2015

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, Indiana, New
York Certification(s)/Specialty: Internal 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:

This 55 year old female sustained an industrial injury on 9-13-10. She subsequently reported back, neck, upper and lower extremity pain. Diagnoses include cervical disc degeneration. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker has continued complaints of back, neck, upper and lower extremity pain. Upon examination of the lumbar spine, there is paraspinal tenderness noted. Lumbar range of motion is restricted. Straight leg raising is positive bilaterally. Right elbow exhibits pain with range of motion as well as tenderness to the lateral epicondyle. Right knee range of motion is limited with exquisite tenderness over the body and posterior horn of the medial meniscus. A positive patellar compression test was noted. A request for 1 prescription of Tramadol 50mg #30 with 1 refill was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Tramadol 50 mg #30 with one refill is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are multilevel cervical spine disc bulges; status post right knee arthroscopy; right elbow arthrofibrosis; right lateral epicondylitis; right knee chondromalacia patella; and cervical spine degenerative disc disease. Date of injury is September 13, 2010. Request authorization is July 29, 2015. According to a January 22, 2015 progress note, the treating provider prescribed Tramadol. According to a progress note dated July 29, 2015, subjective complaints included neck pain 7/10, lumbar pain 4/10, right elbow pain 2/10 and right knee pain 6/10. The treatment plan shows a request for Tramadol and naproxen. A pain management progress note dated August 26, 2015 states a second provider is prescribing Tramadol and Ultracet. The requesting provider does not document this additional source of opiates in his progress note. There were no detail pain assessments in the medical record. There were no risk assessments in the medical record. There has been no attempted Tramadol weaning in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of a second provider prescribing Tramadol and Ultracet, no detailed pain assessments and no risk assessments and no documentation demonstrating objective functional improvement, one prescription Tramadol 50 mg #30 with one refill is not medically necessary.