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| Case Number: | CM15-0167231 | | |
| Date Assigned: | 09/11/2015 | Date of Injury: | 10/26/1998 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 08/10/2015 |
| 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: 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 61-year-old male, with a reported date of injury of 10-26-1998. The diagnoses include cervical degeneration, cervical spondylosis without myelopathy, brachial neuritis and radiculitis, carpal tunnel syndrome, hand and wrist tenosynovitis, radial styloid tenosynovitis, bilateral de Quervain's syndrome, status post surgery on the right side, primary and post-traumatic arthritis of the trapezium in the first metacarpal joints bilaterally, hand osteoarthritis, bilateral shoulder subacromial impingement syndrome, and traumatic hand arthropathy. Treatments and evaluation to date have included oral medications, including Tramadol (since at least 03-2015), posterior cervical fusion on 12-27-2013, revision anterior fusion at C6-7 and C4-5 fusion on 11-04-2011, a home exercise program, and bilateral shoulder subacromial cortisone injections. The diagnostic studies to date have included x-rays of the left shoulder on 01-23-2015, which showed degenerative changes; an MRI of the left shoulder on 01-23-2015 which showed mild distal supraspinatus tendinosis, moderately severe acromioclavicular joint degenerative hypertrophic changes, active synovitis, and narrowing of the supraspinatus outlet due to the degenerative hypertrophic changes. The progress report dated 07-09-2015 indicates that the injured worker was there for bilateral subacromial cortisone injections. It was noted that the injured worker stated that his symptoms were unchanged since his last evaluation. He reported constant moderate neck pain with occasional radiation of the pain to the top of the shoulders and his shoulder blade regions. The injured worker had some bilateral wrist pain, and constant left shoulder pain. The physical examination showed restricted cervical range of motion; moderate tenderness over the posterior surgical scar at the base of the neck at the cervico-thoracic junction; mild to moderate tenderness in the right cervical paraspinal muscles with moderate tenderness in the left cervical paraspinal muscles; mild tenderness in the

right trapezius muscles with mild to moderate tenderness in the left trapezius muscles; minimal tenderness over the nerve roots on both sides of the neck; some upper back pain with mild tenderness at the superior border of the left scapula; mild tenderness on the palmar side of the wrists over the carpal tunnel; mild to moderate tenderness to the right trapezium; minimal evidence of arthritis in any of the fingers; moderate tenderness to the dorsal aspect of the acromioclavicular joint of the bilateral shoulders; moderate tenderness to the subacromial space and over the rotator cuff bilaterally; difficulty performing the overhead impingement test bilaterally; and positive bilateral cross arm test. It was noted that the injured worker took Tramadol for pain control in the evening because the Norco affected his ability to sleep. The request for authorization was not included in the medical records provided. The treating physician requested Tramadol HCL 50mg #120, with one refill. On 07-23-2015, Utilization Review non-certified the request for Tramadol HCL 50mg #120, with one refill since there is no documentation of symptomatic or functional improvement from the previous usage of the medication, no documentation of a current urine drug test, risk assessment profile, attempt at weaning or tapering, and no evidence of an updated and signed pain contract between the provider and claimant. There was no discussion of adverse behavior or side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #120 with 1 refill: 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): Opioids for chronic pain.

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. 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." In this case, there is no clear evidence of functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of Tramadol. There is no evidence of an updated and signed pain contract. Therefore, the prescription of Tramadol HCL 50mg #120 with 1 refill is not medically necessary.

