

Case Number:	CM15-0167696		
Date Assigned:	09/08/2015	Date of Injury:	09/14/2012
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/26/2015

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:

This injured worker is a 58 year old female, who sustained an industrial injury on 09-14-2012. On provider visit dated 04-16-2015, the injured worker reported right shoulder pain, neck pain and mid back pain. Pain level with medication was noted as 4 out of 10 and 10 out of 10 without medication. On physical examination, the cervical spine revealed tenderness over the cervical spinous processes and interspace C3-C7. Limited ranges of motion in all directions were noted. Moderate tenderness over the occipital nerves bilaterally. And severe tenderness over the cervical facet joints C3-C7 bilaterally. Tightness, tenderness and trigger points in the cervical paravertebral, trapezius, levator scapulae, surraspinatus and infraspinatus muscles bilaterally were noted. The thoracic spine revealed tenderness over the thoracic spinous processed and interspaces from T2 to T10. Tightness, tenderness and trigger points in the paravertebral and rhomboid musculature were noted bilaterally. Right shoulder range of motion was limited in all directions and moderate tightness, tenderness and trigger points in the right shoulder girdle musculature were noted as well. The injured worker was diagnosed as having cervicgia, other unspecified back disorder bilateral shoulder pain and chronic regional pain syndrome of the right hand. Treatments to date included medication and home exercise program. The provider requested Tramadol 150mg #30 (DOS 4/16/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30 (DOS 4/16/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

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. There is no objective documentation of pain severity level to justify the use of tramadol in this patient. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol 150mg #30 is not medically necessary.