

Case Number:	CM15-0168283		
Date Assigned:	09/09/2015	Date of Injury:	08/10/2013
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
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: California

Certification(s)/Specialty: Emergency 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 was a 27 year old female, who sustained an industrial injury, August 10, 2013. The injury was sustained when the injured worker was using a shovel to dig up a tree and suddenly felt pain over the right side and into the upper back. On May 4, 2015, the injured worker signed an opioid treatment agreement form. According to progress note of June 30, 2015, the injured worker's chief complaint was diffuse pain over the right shoulder of the upper back. The physical exam noted diffuse pain over the right side of the upper back, noting the area of the rhomboid musculature up to the right side of the neck was the area of symptomology. On July 27, 2015, the injured worker rated the pain at 9 out of 10 without Tramadol and 6 out of 10 with Tramadol. The Relafen helps quite a bit and the Zanaflex was on an as needed basis for some of the myofascial pain. The injured worker did not receive pain medication in the prior month. The physical exam noted the injured worker was in no distress. The injured worker continued with symptoms with palpation of the thoracic spine paraspinal muscles. The documentation supported the injured worker had been taking Tramadol at least since October of 2014. The injured worker was diagnosed with right shoulder pain, upper back pain, chronic myofascial pain, major depression and anxiety disorder. The injured worker previously received the following treatments Tramadol, Relafen, Tizanidine, physical therapy, Ultracet and Motrin in the past, upper back MRI was negative, right shoulder MRI that showed frayed and irregular supraspinatus tendon, consistent with impingement syndrome and multiple full thickness tears and psychological services. The RFA (request for authorization) dated the following which included treatment was a prescription renewal for Tramadol, which was modified from 60

tablets to 30 tablets. The UR (utilization review board) modified certification on August 7, 2015, for a prescription of Tramadol. The decision was based on the guidelines for tapering and or weaning from pain medications.

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 with 2 refills: 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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has failed to document any objective improvement in pain or function. While there is documentation of decrease in VAS, there are no other signs of improvement or benefit from this medication. Provider has also failed to document screening for abuse or side effects, although it is noted that patient is getting random urine drug screens. The number of tablets and refills requested is not appropriate, as it does not meet MTUS criteria for close monitoring and documentation of status. The lack of documentation of benefit and inappropriate number of refills does not support this request. Tramadol #60 with #2 refills is not medically necessary.