

Case Number:	CM15-0168580		
Date Assigned:	09/09/2015	Date of Injury:	02/20/2009
Decision Date:	10/08/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 68 year old male sustained an industrial injury to the neck on 2-2-09. Previous treatment included physical therapy, acupuncture, chiropractic therapy and medications. In a PR-2 dated 3-24-15, the injured worker complained of neck pain, rated 7 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine with muscle spasms and decreased and painful range of motion by 25 % in all directions. The treatment plan included continuing medications: Protonix, Naproxen Sodium, Tramadol and topical compound creams. In a PR-2 dated 7-9-15, the injured worker complained of intermittent throbbing neck pain with radiation to the entire left arm and right elbow, rated 3 out of 10 on the visual analog scale, associated with tingling and muscle spasms. Physical exam was remarkable for cervical spine with tenderness to palpation of the paraspinal musculature with spasms, flexion at 45 degrees, extension 50 degrees, right and left lateral bending 20 degrees and left and right rotation 75 degrees. Shoulder depression and cervical compression caused pain. Current diagnoses included cervical disc protrusion, cervical myospasm, cervical spine radiculopathy and cervical spine sprain and strain. The treatment plan included acupuncture twice a week for four weeks, physical therapy twice a week for four weeks and referral to an orthopedic surgeon. On 7-21-15, a request for authorization was submitted for Diclofenac, Protonix and Tramadol. Utilization Review denied the request for Tramadol noting lack of documentation of pain reduction, functional improvement, side effects, aberrant behavior and urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 Mg #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): Opioids, criteria for use.

Decision rationale: Tramadol 150 Mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The documentation reveals that the patient has been on long term Tramadol without significant functional improvement therefore the request for continued Tramadol is not medically necessary.