

Case Number:	CM15-0183526		
Date Assigned:	09/24/2015	Date of Injury:	10/30/2007
Decision Date:	10/29/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/18/2015

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: Physical Medicine & Rehabilitation

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 57-year-old male who reported an industrial injury on 10-30-2007. His diagnoses, and or impressions, were noted to include: cervical region discogenic disorder with facet inflammation and radiculopathy on the left; left shoulder impingement syndrome per magnetic resonance imaging findings; compensatory right rotator cuff strain; and resolution of the elbow problem. No current imaging studies were noted. His treatments were noted to include: diagnostic magnetic imaging studies; activity modification; medication management; and rest from work as he was otherwise retired. The progress notes of 8-24-2015 reported a follow-up evaluation with reports of: his being bedridden for the previous week due to his low back; that he was not working and was receiving long-term disability; that he had had a home evaluation that reported inaccurate information; that he was paying out-of-pocket for massages that made a huge difference and gave him relief, requesting more massages; that he did get Tramadol ER 150 mg, #30, x 3 bottles for a 3 month supply because he came every 3 months; and that he took Etodolac, prescribed by his private doctor, for back pain. The objective findings were noted to include mild tenderness along the left sub-scapularis muscles with otherwise good range-of-motion; and that the office was still out of stock for Tramadol ER but that the injured worker would return to the office, once it became available, for the 3 bottles which was a 3 month supply. The physician's requests for treatment were noted to include the 3 bottles of Tramadol ER for the next visit including Tramadol ER 150 mg, #90, 3 months' supply, and 1 tablet a day. The Request for Authorization, dated 8-24-2015, was for Tramadol (Ultram ER) 150 mg, #90. The Utilization Review of 9-1-2015 modified the request for Tramadol 150 mg, #270, for the 8-24-2015 visit, to #90; and non-certified the request for Tramadol 150 mg, #270, for the next 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg for 8/24/15 visit Qty: 270.00: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment.

Decision rationale: Review indicates Utilization Review of 9-1-15 modified the request for Tramadol 150 mg, #270, for the 8-24-15 visit, to #90; and non-certified the request for Tramadol 150 mg, #270, for the next 3 months. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status remaining off work with persistent severe pain for this chronic 2007 P&S injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol 150mg for 8/24/15 visit Qty: 270.00 is not medically necessary and appropriate.

Tramadol 150mg for next visit in 3 months Qty: 270.00: 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, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: Review indicates Utilization Review of 9-1-15 modified the request for Tramadol 150 mg, #270, for the 8-24-15 visit, to #90; and non-certified the request for Tramadol 150 mg, #270, for the next 3 months. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain

should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status remaining off work with persistent severe pain for this chronic 2007 P&S injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol 150mg for next visit in 3 months Qty: 270.00 is not medically necessary and appropriate.