

Case Number:	CM15-0184364		
Date Assigned:	10/05/2015	Date of Injury:	04/29/2008
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male who sustained an industrial injury on April 29, 2008. He reported neck and shoulder pain. The injured worker was currently diagnosed as having cervical radiculopathy, bilateral rotator cuff partial tears, bilateral shoulder tendonitis-bursitis and bilateral lateral epicondylitis. He has not returned to work since April 2008. Treatment to date has included diagnostic studies, left shoulder cortisone injections without relief, acupuncture with limited relief, physical therapy with minimal relief, home exercise program and medications. He had a normal upper extremity EMG on 5-19-2015. Notes in the medical record dating back to May 1, 2015, include tramadol medication for treatment. On July 30, 2015, the injured worker complained of constant, aching bilateral shoulder pain rated as an 8 on a 1-10 pain scale. He reported left shoulder locking when he attempted to bring his arm down from above his head. He continues to report that when he crosses his arms, he notices numbness from his shoulders into his fingertips. His current medication regimen included naproxen sodium, tramadol and Prilosec. The treatment plan included cervical injections, continuation of current medications, and consideration for shoulder cortisone injection after the cervical spine injection and a follow-up visit. On September 8, 2015, utilization review modified a request for tramadol (Ultracet) 37.5-325mg #120 to tramadol (Ultracet) 37.5-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultracet) 37.5/325mg, 1 tab as needed #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

Decision rationale: Tramadol/APAP is a combination medication made up of the opioid, tramadol, and acetaminophen, better known as Tylenol. Tramadol has mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol/APAP ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The MTUS has specific recommendations for following patients on chronic opioid therapy to allow safe use. Acetaminophen is considered the safest medication for use to treat chronic pain. However, it should be used cautiously in combination preparations in order to prevent liver damage. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day. This patient's medical records showed long term use of tramadol/APAP. However, the provider is not following the MTUS guidelines for safe use of chronic opioid therapy in that the provider has not documented failure of first-line chronic pain medications, continued improved pain control with use of this medication, the presence or absence of significant medication side effects, monitoring for abuse by history or urine drug screens, or mention of an opioid drug contract. These are all required by the MTUS for chronic use of opioids to ensure they are safely used. Medical necessity for continued use of this medication has not been established, therefore is not medically necessary.