

Case Number:	CM15-0184965		
Date Assigned:	09/25/2015	Date of Injury:	04/15/2012
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 47 year old female, who sustained an industrial injury on 4-15-2012. The injured worker is being treated for mild bilateral carpal tunnel syndrome, small disc herniations with neuroforaminal narrowing at C3-C6, worst at C4-5, status post right rotator cuff repair with subsequent revision and bicipital tenodesis, sternocleidomastoid pain secondary to right shoulder injury and right pectoral strain. Treatment to date has included diagnostics, medications, and 12 sessions of chiropractic care (as of 8-27-2015). Per the Primary Treating Physician's Progress Report dated 8-27-2015, the injured worker reported continuation of neck pain with radiation to the right upper extremity, which she rates as 8 out of 10. Her right shoulder and right sternocleidomastoid pain varies in intensity from 8-9 on a scale of 0-10. She notes numbness and weakness in the right arm, hand, and left shoulder pain, which she rates as 6-7 out of 10. Objective findings included restricted range of motion of the cervical spine with pain. Per the medical records dated 4-30-2015 to 8-27-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the doctor do not document efficacy of the prescribed medications. Work status was modified. The plan of care included refills of medications and authorization was requested on 8-27-2015 for Tramadol ER 150mg #30 with two refills. On 9-03-2015, Utilization Review non-certified the request for Tramadol ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30 with 2 refills, per 08/27/2015 order: 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): Weaning of Medications, Opioids for chronic pain.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been taking this medication for an extended period without documented evidence of functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol ER 150mg #30 with 2 refills, per 08/27/2015 order is determined to not be medically necessary.