

Case Number:	CM15-0186615		
Date Assigned:	09/28/2015	Date of Injury:	07/25/2014
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/22/2015

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 40 year old male, who sustained an industrial injury on 07-25-2014. He has reported subsequent neck, back, bilateral upper extremity and bilateral shoulder pain and was diagnosed with sprain and strain of the cervical spine with bilateral upper extremity radicular symptoms, lumbar spine sprain and strain with right S1 and L4 radiculitis and bilateral shoulder strain and sprain. Treatment to date has included pain medication, 18 sessions of physical therapy, 18 sessions of chiropractic therapy and 6 sessions of acupuncture treatment. Chiropractic treatment, acupuncture and physical therapy were noted to provide only temporary relief for 1-2 hours with subsequent return of pain. Documentation shows that Tramadol was prescribed since at least November 2014. There was no documentation of significant pain relief or objective functional improvement with the use of Tramadol. In a progress note dated 07-07-2015, the injured worker reported constant 7 out of 10 neck and low back pain with radiation to the bilateral lower extremities and bilateral 6 out of 10 intermittent shoulder pain with mild improvement in function. Objective findings showed tenderness of the cervical spine, acromioclavicular joints and superior deltoid bilaterally, positive Hawkin's and Neer's tests bilaterally, spasm of the cervical spinal muscles bilaterally and slightly decreased range of motion of the bilateral shoulders. In a progress note dated 08-11-2015, the injured worker reported 6-7 out of 10 neck pain with occasional radiation to the bilateral upper extremities and occasional numbness and tingling on the palms of the bilateral hands and volar aspects of the forearms with right hand weakness and dropping things and right mid thoracic pain. No objective examination findings of body systems were documented during this visit. Work status was

documented as modified. A request for authorization of Ultram 50 mg twice a day quantity 60 with two refills was submitted. As per the 08-31-2015 utilization review, the request for Ultram was modified to Ultram 50 mg #30 tablets (weaning).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg twice a day quantity 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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, there is no objective evidence of functional improvement with the prior use of this medication. Additionally, there is no evidence of an opioid contract or urine drug screen available to assess compliance or aberrant behavior. 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. Therefore, the request is not medically necessary.