

Case Number:	CM15-0193453		
Date Assigned:	10/07/2015	Date of Injury:	04/22/1994
Decision Date:	11/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 68-year-old female, who sustained an industrial injury on 4-22-94. The injured worker was diagnosed as having cervical disc herniation and lumbar spondylosis. Medical records (5-1-15 through 8-4-15) indicated 3-4 out of 10 pain with medications and 8-9 out of 10 pain without medications. The physical exam (5-1-15 through 8-4-15) revealed cervical range of motion is "limited", "decreased" strength at the myotome at left L5 and spasms along the upper-medial trapezius and bilateral paraspinal muscles. As of the PR2 dated 9-2-15, the injured worker reports pain in the lower back and cervical spine that radiates to the bilateral upper and lower extremities. She rates her pain 4 out of 10. Objective findings include cervical range of motion is "limited", "decreased" strength at the myotome at left L5 and spasms along the upper-medial trapezius and bilateral paraspinal muscles. Current medications include Ativan, Wellbutrin, Aspirin and Tramadol (since at least 3-6-15). Treatment to date has included a urine drug screen on 8-4-15 showing consistent results for prescribed medications. The treating physician requested Tramadol 50mg #84. The Utilization Review dated 9-22-15, modified the request for Tramadol 50mg #84 to Tramadol 50mg #60 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 PO Q4-6H #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Functional improvement measures, Opioids for chronic pain, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tramadol 50 mg one PO Q4 - 6 hours #84 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are displacement cervical intervertebral disc without myelopathy; opiate type dependence continuous; displacement lumbar intervertebral disc without myelopathy; lumbosacral spondylosis without myelopathy; unspecified myalgia and myositis; and unspecified neuralgia and radiculitis. Date of injury is April 22, 1994. Request for authorization is September 15, 2015. According to a March 6, 2015 progress note, the treating provider prescribed tramadol at that time. According to the utilization review, tramadol was certified for weaning October 14, 2014. Two urine drug screens were performed and documented in the record. One urine drug screen was performed March 6, 2015 that showed Ativan, tramadol, Abilify and Wellbutrin. The result was inconsistent with no Ativan present. A second urine drug screen was performed August 4, 2015. The result was consistent with medications taken. According to the most recent progress note, dated September 2, 2015, subjective symptoms include low back pain and neck pain times 10 years with radiation to the bilateral upper extremities and lower extremities. Pain score is 4/10. Objectively, range of motion was decreased. There is spasm in the trapezius muscles with tenderness to palpation at left S1. There are no detailed pain assessments in the medical record. There are no risk assessments. There is no documentation demonstrating objective functional improvement. As noted above, tramadol was certified for weaning October 14, 2014. Based on clinical information medical record, peer- reviewed evidence-based guidelines, prior certification for weaning October 14, 2014 and continued tramadol use and no documentation demonstrating objective functional improvement, tramadol 50 mg one PO Q4 - 6 hours #84 is not medically necessary.