

Case Number:	CM15-0196361		
Date Assigned:	10/14/2015	Date of Injury:	08/08/2005
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/06/2015

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:

The injured worker is a 53 year old female who sustained an industrial injury on 8-8-05. The injured worker reported neck pain. A review of the medical records indicates that the injured worker is undergoing treatments for cervical strain and degenerative disc disease and myofascial pain, lumbar strain and degenerative disc disease and myofascial pain, bilateral shoulder strain and adhesive capsulitis and chronic pain syndrome. Medical records dated 8-27-15 indicate "achy, throbbing, dull, pressure, cramping, deep" neck pain rated at 10 out of 10. Provider documentation dated 8-27-15 noted the work status as permanent and stationary. Treatment has included Naprosyn since at least July of 2015, Trazodone since at least August of 2015, Lidoderm patch, Soma, Ultram, Vicodin, Prilosec, cervical spine radiographic studies, lumbar spine radiographic studies, computed tomography and magnetic resonance imaging. Objective findings dated 8-27-15 were notable for decreased neck range of motion with tenderness to palpation and positive myospasms, lumbar spine with positive myospasms and decreased painful range of motion. The original utilization review (9-9-15) denied a request for Tramadol 50mg, 1 tablet 4 times per day as needed, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, 1 tablet 4 times per day as needed, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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

Decision rationale: The current request is for Tramadol 50MG, 1 tablet 4 times per day as needed, #120. Treatment has included medications, cervical spine radiographic studies, lumbar spine radiographic studies, computed tomography, magnetic resonance imaging, physical therapy. The patient is permanent and stationary per AME. MTUS, under the Criteria for initiating opioids, pages 76 to 78 recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." MTUS, Medications for Chronic Pain Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Per report 08/27/15, the patient presents with chronic neck, lower back and bilateral shoulder pain. Objective findings include decreased range of motion in the neck with tenderness to palpation and positive myospasm. The lumbar spine revealed decreased painful range of motion and spasms. The patient states that her severity of pain is 10/10. Current medications include Prilosec, Lorzone, Trazodone and Naprosyn. The treater recommended a trial of Tramadol. The patient has made an attempt at managing her pain without opioid pain medication. Most recently, the patient complained that her pain severity gets as high as 10/10 at times. Given the patient's significant pain, a trial of Tramadol at this juncture is reasonable. This request is medically necessary.