

Case Number:	CM15-0207839		
Date Assigned:	10/26/2015	Date of Injury:	12/01/2003
Decision Date:	12/07/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 59 year old male who sustained an industrial injury on 12-1-2003. A review of medical records indicates the injured worker is being treated for cervical sprain strain with underlying multilevel degenerative disc disease and lumbosacral sprain strain with underlying multilevel degenerative disc disease. Medical records dated 6-8-2015 noted neck pain that is constant with headaches and numbness in the right side of his face and head. There was pain in the low back and pain in both shoulders. Physical examination noted cervical rotation to 60 degrees, lateral tilt 30 degrees, and extension was at 30 degrees. Lumbar spine lateral tilt was at 10 degrees and extension at 5 degrees. Treatment has included Ambien and naproxen. He has also had epidural steroid injections. Utilization Review form dated 10-14-2015 non-certified tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg every 6 hours as needed #90: 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): 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.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. Tramadol is not recommended as first-line therapy for neuropathic pain, but may be considered as a second-line treatment. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records through 10-05-2015 have not included documentation of the pain with and without medication, no significant adverse effects, past consistent urine drug testing, objective functional improvement, and increased activities of daily living. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's and the weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Therefore, the request for tramadol 50mg every 6 hours as needed #90 is not medically necessary.