MAXIMUS Federal Services

Case Number:	CM15-0209310		
Date Assigned:	10/28/2015	Date of Injury:	05/08/2014
Decision Date:	12/15/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/23/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 57-year-old female who sustained an industrial injury on 5-8-2014 and has been treated for cervical disc herniation C6-7, right shoulder impingement and calcific tendinitis, and she is status post right shoulder debridement, subacromial decompression, and examination on 12-18-2014. On 10-14-2015 the injured worker reported 5 out of 10 rated neck pain radiating to the right shoulder with neck and shoulder spasms. She is noted to be having difficulty attempting house work. Objective findings include decreased sensation on the right C-7 and decreased reflexes on the right triceps. She was positive for cervical tenderness, and Spurling's sign on the right. Cervical and right shoulder range of motion was noted to be decreased. There was mild shoulder tenderness. Documented treatment includes heat, cold, home stretching, and the treating physician states that she had been weaning off of medication with "the stimulator," and an inferential unit had recently been requested to continue this but was denied. A medication list dated 8-19-2015 was provided listing medication including Anaprox, Bactroban, Doral, Lunesta, Menthoderm, Neurontin, Norco, Prilosec, Zofran, Fexmid, Mobic, Ultram, and Protonix. Details of medication length-of-use and response are not provided, nor are they listed in progress notes which are included. The treating physician's plan of care includes Ultram Tramadol HCL ER 150 mg #60 which was non-certified on 10-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultram Tramadol HCL ER 150mh, #60 (dispensed in office 10/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Ultram-ER (long-acting tramadol) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing neck discomfort that went into the right shoulder with spasms. The recorded pain assessments contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker when the worker was using it, exploring the potential negative side effects, or providing an individualized risk assessment. Further, these records reported the worker had weaned off the medication, and there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 60 tablets of Ultram-ER (long-acting tramadol) 150mg dispensed in the office on 10/14/2015 is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.