

Case Number:	CM15-0020902		
Date Assigned:	02/10/2015	Date of Injury:	02/19/2014
Decision Date:	04/01/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/04/2015

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 55 year old female, who sustained an industrial injury on 2/19/14. PR2 dated 12/4/14 was hand written and difficult to read. The injured worker has complaints of neck pain with increasing arm pain. She reports that she is unable to lay on her arm and that periodically her left upper extremity goes numb and the pain is moderate, severe frequent, burning and achy. Objective findings show C-spine tenderness. The diagnoses have included cervical spine sprain/strain with bilateral upper extremity radiculopathy. According to the utilization review performed on 1/18/15, the requested Tramadol 50 mg, #120 has been non-certified and Voltaren XR 100mg #30 has been certified. The utilization review noted that the request was handwritten and difficult to read. CA MTUS guidelines do not support use of tramadol without failure of first-line analgesics. MTUS, Tramadol Chronic Pain Medical Treatment Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines treatment in Workers Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89, 90.

Decision rationale: The 55 year old patient presents with neck and left arm pain, rated at 6/10, as per progress report dated 12/04/14. The request is for Tramadol 50 mg # 120. The RFA for the request is dated 12/04/14, and the patient's date of injury is 02/19/14. Diagnoses, as per progress report dated 10/29/14, cervical spine sprain/strain with bilateral upper extremity radiation, bilateral shoulder sprain/strain, cubital tunnel syndrome, bilateral wrist tendinitis, bilateral elbow lateral epicondylitis, and right medial epicondylitis. The patient has been allowed to return to modified work, as per progress report dated 12/04/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, most progress reports are handwritten and not very legible. The request for Tramadol is noted in progress report dated 12/04/14. The reports do not document the duration or extent of opioid therapy. Additionally, there is no documentation of a change in pain scale due to opioid use. The treater does not use a validated scale to demonstrate a measurable increase in function. No CURES are available for review. The treater does not document the side effects of Tramadol in this patient. MTUS guidelines require clear discussion about the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, for continued Tramadol use. Hence, this request IS NOT medically necessary.