

Case Number:	CM15-0022499		
Date Assigned:	02/12/2015	Date of Injury:	03/30/2013
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 54 year old male, who sustained an industrial injury on March 30, 2013. The injured worker had reported a low back injury and right shoulder pain. The diagnoses have included lumbar facet joint pain, lumbar sprain/strain, right shoulder impingement, right shoulder bursitis and right shoulder sprain/strain. Treatment to date has included pain medication, physical therapy, MRI, a transcutaneous electrical nerve stimulation unit, lumbar facet joint medial branch blocks and radiofrequency nerve ablation times two. Current documentation dated November 19, 2014 notes that the injured worker reported bilateral low back pain, right greater than the left and right shoulder pain. Physical examination revealed tenderness to palpation of the lumbosacral spine and right shoulder. Right shoulder range of motion was mildly restricted by the pain. Lumbar and sacroiliac joint provocative maneuvers were negative. On January 26, 2015 Utilization Review modified a request for Tramadol 37.5/325 mg # 60 with one refill and non-certified a request for a Medrol Dose Pack. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited. On February 6, 2015, the injured worker submitted an application for IMR for review of Tramadol 37.5/325 mg # 60 with one refill and a Medrol Dose Pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving tramadol since at least June 2014 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request should not be authorized.

Medrol Dose Pack: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the Use of Corticosteroids (oral/parenteral for low back pain)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Oral corticosteroids

Decision rationale: Medrol dose pack is a prepackaged course of the oral corticosteroid methylprednisolone. Oral corticosteroids are not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. They are recommended in limited circumstances for acute radicular pain, when the patient has clear-cut signs and symptoms of radiculopathy. In this case the patient has no diagnosis of signs or symptoms of radicular pain. Medical necessity has not been established. The request should not be authorized.