

Case Number:	CM15-0213362		
Date Assigned:	11/03/2015	Date of Injury:	02/14/2014
Decision Date:	12/16/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/29/2015

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 38 year old male, who sustained an industrial injury on 2-14-2014. The injured worker is undergoing treatment for cervical radiculopathy and low back pain. Medical records dated 10-14-2015 indicate the injured worker complains of neck pain rated 7 out of 10 and radiating to the left shoulder. Physical exam dated 10-14-2015 notes cervical tenderness to palpation, spasm and decreased range of motion (ROM) and left shoulder full range of motion (ROM) with positive Hawkin's and Neer's test. Treatment to date has included physical therapy, acupuncture, Transcutaneous Electrical Nerve Stimulation (TENS) unit, cold, Tramadol since at least 3-18-2015, naproxen, Fenoprofen and epidural steroid injection. Drug screen collected 7- 10-2015 is inconsistent for prescribed Tramadol. The original utilization review dated 10-22-2015 indicates the request for Naproxen550mg #60 is certified and Tramadol ER 100mg #60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg, 1 tab twice daily #60, no refill, (prescribed 10/14/2015): Upheld

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

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

Decision rationale: The current request is for TRAMADOL ER 100MG, 1 TAB TWICE DAILY #60, NO REFILL, (PRESCRIBED 10/14/2015). Treatment to date has included physical therapy, acupuncture, Transcutaneous Electrical Nerve Stimulation (TENS) unit, cold therapy, medications and epidural steroid injection. The patient is not working. MTUS, criteria for use of opioids Section, 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, criteria for use of opioids Section, page 78 also requires documentation of the 4 A's (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, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 10/14/15, the patient presents with neck and left shoulder pain. Physical exam revealed cervical tenderness to palpation, spasm and decreased range of motion. There was positive Hawkin's and Neer's test on the left shoulder. The treater recommended a refill of medications. This patient has been utilizing Tramadol since at least 04/15/15. According to reports 04/15/15, 05/13/15, 06/11/15, 07/10/15, 08/07/15, and 09/24/15, the patient's pain is 5- 7/10. "Relieving factors include application of cold, heat, medication and rest. He states that medications are helping." He tolerates medications well, with no evidence of aberrant behavior. The patient was given a UDS on 07/10/15. In this case, recommendation for further use cannot be supported as there is no specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing Tramadol. In addition, there are no before and after pain scales to denote a decrease in pain. Not all the 4 A's have been addressed, as required by MTUS. Therefore, this request is not medically necessary and recommendation is for slow weaning per MTUS.