

Case Number:	CM15-0213497		
Date Assigned:	11/03/2015	Date of Injury:	01/22/2014
Decision Date:	12/15/2015	UR Denial Date:	09/29/2015
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: New Jersey

Certification(s)/Specialty: 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:

This 40 year old male sustained an industrial injury on 1-22-14. Documentation indicated that the injured worker was receiving treatment for chronic pain syndrome, neck sprain, thoracic pain, temporomandibular joint pain, anxiety and post-traumatic stress disorder. Previous treatment included medications. The injured worker had been recommended for psychotherapy but had not scheduled appointments yet. In a PR-2 dated 8-21-15, the injured worker complained of pain to the right temporomandibular joint, mid back and neck associated with numbness in bilateral forearms and fingers, rated 8 out of 10 on the visual analog scale. The injured worker stated that Tramadol and Nabumetone "maintained" the pain at 4 to 5 out of 10 but did not help during flare-ups. The injured worker took Percocet as needed. The injured worker stated that the current medication regimen was working well without side effects. The physician documented that electromyography and nerve conduction velocity test of bilateral upper extremities showed left sensory ulnar and median neuropathies across the wrist. Magnetic resonance imaging cervical spine was normal. Physical exam was remarkable for tenderness to palpation and clicking with movements in the right temporomandibular joint, numbness below the right orbit, at the upper lip and malar eminence, allodynia at the right lateral nose and over the right mandible, cervical spine with "limited" range of motion and tenderness to palpation to the paraspinal musculature, "moderate" tenderness to palpation at the left T4-T8 facet joints and 5 out of 5 strength to bilateral upper extremities. The injured worker had difficulty opening his mouth. The treatment plan included physical therapy, a trial of thoracic medial branch blocks, psychotherapy, a dental surgery consultation and medications (Tramadol 50mg twice a day,

Nabumetone and Percocet). In a PR-2 dated 9-21-15, the injured worker's subjective complaints and objective findings were unchanged. The injured worker had not scheduled an appointment with the dental surgeon yet. The physician noted that the injured worker needed an extension of authorization for psychotherapy and that the injured worker was no longer taking Percocet. The physician recommended Tramadol ER 150mg instead of Tramadol 50 mg for better pain control and continuing Nabumetone. On 9-29-15, Utilization Review noncertified a request for Tramadol 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: 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, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of having used Tramadol 50 mg (short-acting) on a regular basis to help reduce pain. This is a request for Tramadol ER 150 mg, which may be a reasonable request if the worker had been using tramadol around the clock during the day anyway. However, there wasn't enough evidence found in the notes previous to this request regarding any form of tramadol to show clear measurable functional gains and pain level reduction, independent of other medications in order to justify continuation of tramadol in any form. Therefore, this request for tramadol ER is not medically necessary at this time until evidence of functional gains is provided.