

Case Number:	CM15-0221704		
Date Assigned:	11/17/2015	Date of Injury:	02/25/2015
Decision Date:	12/24/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/11/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 50 year old female with a date of injury on 2-25-2015. A review of the medical records indicates that the injured worker is undergoing treatment for musculoligamentous sprain of the cervical spine with upper extremity radiculitis, internal derangement left shoulder, tendinitis left shoulder, musculoligamentous sprain of the thoracic spine and lumbar spine with lower extremity radiculitis, trochanteric bursitis left hip and internal derangement of left knee. According to the progress report dated 9-23-2015, the injured worker complained of neck soreness with stiffness and radiating pain into the head and shoulders. She complained of continued left shoulder pain with limited range of motion and popping. She also complained of back pain with radiating pain into the left leg and pain and popping in her hip. She was currently working with modifications. The physical exam (9-23-2015) revealed tenderness over the posterior, superior iliac spine on the left. Treatment has included medication. The original Utilization Review (UR) (10-13-2015) modified a request for Tramadol from quantity 200 to quantity 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #200 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are musculoligamentous sprain of the cervical spine with upper extremity radiculitis, internal derangement left shoulder, tendinitis left shoulder, musculoligamentous sprain of the thoracic spine and lumbar spine with lower extremity radiculitis, trochanteric bursitis left hip and internal derangement of left knee. Date of injury is February 25, 2015. Request for authorization is October 5, 2015. According to the first visit dated July 20, 2015 (requesting provider), the treating provider requested tramadol 50 mg 1 to 2 tablets QID, PRN, #200. This request was certified August 6, 2015. According to a September 23, 2015 progress note, subjective complaints include stiffness that radiates to the shoulders. There is numbness and tingling in the left hand. There is also left shoulder pain and back pain. Objectively, the only physical finding is tenderness at the posterior superior iliac spine. There is no documentation demonstrating objective functional improvement to support ongoing tramadol. There is no documentation of return to work status. There is no documentation indicating an attempt at weaning tramadol. There were no detailed pain assessments or risk assessments. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Tramadol 50 mg #200 is not medically necessary.