MAXIMUS Federal Services

Case Number:	CM15-0225150		
Date Assigned:	11/23/2015	Date of Injury:	08/22/2011
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/17/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 42 year old female who sustained an industrial injury on 08-22-2011. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral shoulder injuries, right carpal tunnel syndrome and myofascial pain. According to the treating physician's progress report on 10-07-2015, the injured worker continues to experience bilateral wrist, right elbow and right shoulder pain rated at 5 out of 10 on the pain scale. The injured worker also reported left shoulder pain rated at 4 out of 10 on the pain scale and difficulty sleeping due to pain. Examination demonstrated right elbow swelling with normal range of motion. There was tenderness to palpation of the right hand. The left shoulder range of motion was 150-160 degrees. There were no diagnostic reports submitted in the review. Prior treatments have included diagnostic testing, transcutaneous electrical nerve stimulation (TENS) unit, and home exercise program, Toradol intramuscularly on 09-2015, Functional Capacity Evaluation (FCE) and medications. Current medications were listed as Tramadol (at least 3 months), Naproxen, Omeprazole, Lunesta, and LidoPro. Treatment plan consists of continuing with ice, heat, transcutaneous electrical nerve stimulation (TENS) unit; dispense Naproxen and Omeprazole, try acupuncture therapy, controlled prescription consent form signed and the current request for Tramadol 50mg twice a day #60. On 10-29-2015, the Utilization Review determined the request for Tramadol 50mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg 1 tab PO BID #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, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, opioids specific drug list, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. The guidelines advise against prescription to patients that at risk for suicide or addiction. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007) Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states: According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms. ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In this case there is insufficient evidence in the records of 10/7/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity. Therefore, use of Tramadol is not medically necessary and it is noncertified.