

Case Number:	CM15-0032940		
Date Assigned:	02/26/2015	Date of Injury:	11/01/2003
Decision Date:	04/10/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/23/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62 year old female who sustained an industrial injury on 11/1/03. She currently complains of significant pain in her neck which radiates into the left shoulder and arm. She is experiencing continued vision complaints in the left eye which occurred after her last spinal surgery. Her pain is tolerable with tramadol and has decreased from 8/10 to 6/10. Pain medication allows her to perform activities of daily living. She does experience gastrointestinal upset without Prilosec. Medications include Tramadol, Prilosec. Diagnoses include status post cervical spine surgery X2; status post excision of osteophytes, left long proximal interphalangeal joint; status post left arthroscopic subacromial decompression; status post right scaphoid excision with 4 corner fusion; trapezial, paracervical and parascapular strain; bilateral wrist and hand tendonitis; post-operative left eye complications; depression; low back pain. Treatments to date include medications. Diagnostic studies included cervical MRI (6/2/14) revealed adequate decompression left C3-4, central canal stenosis, mild at C6-7 and is the same compared to the scan from 2013. In the progress note dated 1/7/15 the treating provider prescribed Tramadol to enable the injured worker to control pain and perform activities of daily living. On 1/22/15 Utilization Review non-certified the request for Tramadol ER 150 mg citing MTUS: Chronic Pain Medical treatment Guidelines: Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of TRAMADOL ER 150 mg is not medically necessary.