

Case Number:	CM15-0034587		
Date Assigned:	03/02/2015	Date of Injury:	08/28/1998
Decision Date:	04/08/2015	UR Denial Date:	02/13/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 a 65 year old male saw sharpener, who sustained an industrial injury reported on 8/28/1998. He reported ongoing neck and shoulder pain/symptoms, at his follow-up examination. The diagnoses were noted to chronic shoulder and neck pain; and status-post 1 right shoulder surgery and 2 left shoulder surgeries. Comorbid conditions include diabetes, depression and hypertension. Recent exam showed decreased neck range of motion and paravertebral muscle tenderness but a negative Spurling's sign and a negative Lhermitte's sign. Treatments to date have included consultations; diagnostic imaging studies; right shoulder surgery; 2 left shoulder surgeries; home exercise program; and medication management that has included Tramadol. Neck MRI (3 Dec 2009) showed mild degenerative changes at C5-6 and C6-7. The work status classification for this injured worker (IW) was noted to be not applicable as the IW is under future care. The 12/1/2014 supplemental report notes quite a bit of neck pain that radiates to the right shoulder, and bilateral shoulder pain, for which physical therapy was requested. On 2/13/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 2/11/2015, for Tramadol 50mg #60, with 1 refill, for the purpose of helping the IW through until the request for physical therapy was authorized - modified to #45 with no refill. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, specific opioids, Tramadol, weaning of medications, opioids for chronic pain; and the Official Disability Guidelines, chronic pain, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Opioids: Tramadol; Weaning of Medications: Opioids; Opioids for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Neuropathic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60-1, 74-96.

Decision rationale: Tramadol is a narcotic pain reliever with mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Usual dosing is every 6-8 hours. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose or death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. The patient's medical records showed use of tramadol in the past with good results but he is not presently taking this medication. He has also taken other first line pain medications in the past (Tylenol, non-steroidal anti-inflammatory drugs [NSAIDs] and antidepressants). Most recently, he failed pain control using Tylenol. Another period of short-term use of tramadol would, theoretically, decrease his pain and increase his activity level, which would help in him recover from his injuries. However, the provider should be cautious in using this medicine if a SSRI medication is also prescribed and should follow the MTUS guidelines for managing chronic opioid therapy. Medical necessity for use of this medication has been established.