

Case Number:	CM15-0050491		
Date Assigned:	03/24/2015	Date of Injury:	11/27/2014
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female, who sustained an industrial injury on 11/27/14. The injured worker was diagnosed as having shoulder sprain/strain, cervical sprain/strain, lumbosacral sprain/strain, thoracic sprain/strain and left upper extremity neuralgia/paresthesia. Treatment to date has included oral medication including opioids and activity restrictions. Currently, the injured worker complains of neck, low back and left shoulder/arm pain. The injured worker stated the pain decreased significantly with medications. Physical exam noted lumbosacral tenderness with guarded range of motion, slow gait and cervical tenderness and right knee tenderness. The treatment plan included refilling oral prescriptions including Tramadol, Tylenol, glyburide, metformin, Lisinopril and pioglitazone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol hydrochloride (HCL) 50mg #90 (30mg MED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, specific drug list; Steps to take before a Therapeutic Trial of Opioids Page(s): 113, 91, 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 11/27/2004 and presents with neck, low back pain, left shoulder pain, left arm pain. The request is for TRAMADOL HYDROCHLORIDE (HCL) 50 mg #90 (30 mg MED). The RFA is dated 09/26/2014. The 09/26/14 report states that the patient's work status is to "remain off work until findings and award issued on 01/24/2008." The patient has been taking tramadol as early as 08/15/2014. For chronic opioid use in general, MTUS guidelines pages 88 and 89, state, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, page 78, also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, times it takes for medication to work, and duration of pain relief. The 09/26/2014 report states the patient rates his pain as a 9/10 maximum and his pain decreases to a 3/10 with medication. Although the treater provides before-and-after medication pain scales, not all the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any examples of ADLs, which demonstrate medication efficacy nor are there any discussions provided regarding adverse behavior/side effects. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures were provided either as required by MTUS Guidelines. No urine drug screens are provided to indicate if the patient is compliant with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested tramadol hydrochloride IS NOT medically necessary.