

Case Number:	CM15-0052561		
Date Assigned:	03/26/2015	Date of Injury:	09/07/2013
Decision Date:	05/19/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/19/2015

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 42 year old female, who sustained an industrial injury on 9/07/2013. She reported feeling anger, anxiety, chest pressure, shortness of breath, and pain and swelling in her left upper extremity, when attempting to make a store deposit. Prior claims were noted after store robberies. The injured worker was diagnosed as having neck pain, headache tension, unspecified major depression, recurrent episode, posttraumatic stress disorder, and depression. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, psychology, acupuncture, cervical epidural steroid injection, and medications. Most recently (12/30/2014), the injured worker reported moderate decreases in pain since starting acupuncture treatments and she continued to work full time. The use of Tramadol was noted since at least 10/2014 (pain level 4/10 on 11/25/2014). She reported neck pain with radiation to her head and arms, occasional nausea and headaches, and left upper back pain. Pain was not rated. She denied anxiety or depression. Electro diagnostic studies and cervical magnetic resonance imaging results were referenced. Medication use included Tramadol. Urine drug screens were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol/APAP 37.5mg, #90 date of service 2/3/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Tramadol/APAP (Ultracet, Ultracet ER) is a combination medication made up of the opioid, tramadol, and acetaminophen, better known as tylenol. Tramadol has mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol/APAP 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 and death. The MTUS has specific recommendations for following patients on chronic opioid therapy to allow safe use. Acetaminophen is considered the safest medication for use to treat chronic pain. However it should be used cautiously in combination preparations in order to prevent liver damage. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day. This patient's medical records showed long term use of tramadol/APAP. The provider is monitoring for abuse by history but no urine drug screens were requested in the records available for review, there was no mention of a drug contract with the patient and the provider has not documented improved pain control with this medication nor the presence or absence of significant side effects. These are all required by the MTUS for chronic use of opioids to ensure they are safely used. Medical necessity for continued use of this medication has not been established.