MAXIMUS Federal Services

Case Number:	CM15-0056447		
Date Assigned:	04/01/2015	Date of Injury:	04/08/2011
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/24/2015

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 58 year old female, who sustained an industrial injury on 4/8/2011. The current diagnoses are osteoarthrosis of the lower leg, calcifying tendinitis of the shoulder, and left wrist injury, surgeries, and residual derangement. According to the progress report dated 3/5/2015, the injured worker complains of pain and inflammation in the left wrist with radiation up the radial aspect of the left thumb. Her pain is constant and achy when she is at rest and sharp with increased activity. The current medications are Voltaren gel. Treatment to date has included medication management, X-rays, MRI, physical therapy, electrodiagnostic studies, and surgical intervention. The plan of care includes Tramadol, Cataflam, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 78-82, 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with pain in the left wrist radiating to the left thumb, bilateral shoulders and bilateral knees. The request is for TRAMADOL 50 MG # 90. Physical examination to the right shoulder on 03/05/15 revealed decreased range of motion with abduction and flexion to 90-110 degrees. Per 10/30/14 progress report, patient's diagnosis include primary loc osteoarthros lower leg, sec loc osteoarthritis lower leg, and calcifying tendinitis of shoulder. Patient's medications, per 10/30/14 progress report include Voltaren Cream 1%, Cymbalta, and Valium. Patient's work status is modified duties. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 states, "Pain 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 4As (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, time it takes for medication to work and duration of pain relief. In this case, it appears that Tramadol is being initiated in progress report 03/05/15 to help control patient's pain. However, initiating a new opioid cannot be supported as there are no functional assessments to necessitate the start of a new opioid. MTUS states that "functional assessment should be made. Function should include social, physical, psychological, daily activities." Furthermore, there are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant behavior, specific ADL's, etc. There are no discussions regarding opioid pain agreement, or Cures. UDS results dated 04/24/14 are inconclusive for opioids. MTUS requires appropriate discussions of the 4A's. Given the lack of documentation as required by the guidelines, the request IS NOT medically necessary.