

Case Number:	CM15-0057931		
Date Assigned:	04/02/2015	Date of Injury:	02/27/2012
Decision Date:	05/04/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 a 47 year old female, who sustained an industrial injury on 02/27/2012. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 01/30/2015 the injured worker has reported that she continued weakness and discomfort in the radial aspect of both forearms. On examination of the cervical spine diffuse tenderness and full range of motion was noted. Upper extremities were noted to have full range of motion of both shoulders, both elbows, both wrists and small joints of the hands. The diagnoses have included cervical myofascial pain and dorsal forearm pain bilaterally, status post bilateral radial tunnel decompression. Treatment to date has included medication, MRI and physical therapy. The provider requested Retrospective Tramadol 150 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 150 mg #30 with a date of service of 1/30/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; ongoing management Page(s): 80-83;78-80.

Decision rationale: Retrospective Tramadol 150 mg #30 with a date of service of 1/30/2015 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Opioids are minimally indicated, if at all, for chronic non-specific pain, OA, or mechanical and compressive etiologies. The documentation indicates full pain free range of motion for the cervical spine and both shoulders, elbows, wrists, and joints of the hand with a normal neurological exam. The patient has myofascial pain and is status post radial tunnel decompression. The opioids are minimally indicated for mechanical and compressive etiologies and not indicated for myofascial pain. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The request for retrospective Tramadol is not medically necessary.