

Case Number:	CM15-0059006		
Date Assigned:	04/03/2015	Date of Injury:	06/04/2013
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/27/2015

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 62 year old male, who sustained a cumulative industrial injury from February 1, 2006 through June 4, 2013. He reported neck pain, bilateral knee pain, left worse than right and bilateral elbow pain. The injured worker was diagnosed as having cervicogenic headaches, bilateral acromioclavicular arthrosis, internal derangement of the right and left knee, rule out internal derangement of bilateral hips, herniated nucleus pulposus of the cervical spine, lumbar intervertebral disc syndrome, cervical radiculopathy of the left upper extremity, lumbar radiculopathy, lateral epicondylitis of the left elbow, radiculopathy of the left lower extremity and musculoligamentous injury of the bilateral shoulders and knees. Treatment to date has included diagnostic studies, conservative treatments, medications and work restrictions. Currently, the injured worker complains of neck pain with radiating pain, tingling and numbness to bilateral upper extremities. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 14, 2015, revealed continued pain as noted. Surgical intervention of the cervical spine was recommended. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #30 take 1-2 tabs q4-6h prn: Upheld

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

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 presents with neck and bilateral arm pain with weakness and numbness. The physician is requesting Tramadol Hcl 50 Mg Quantity 30, Take 1-2 Tabs Q 4-6 H Prn. The RFA dated 02/25/2015 shows a request for tramadol 50 mg quantity 30, 1-2 PO Q 4-6 hours PRN. The patient's date of injury is from 06/04/2013 and he is currently off work. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed Tramadol on 12/05/2014. None of the reports from 09/08/2014 to 02/25/2015 note before and after pain scales to show analgesia. There are no activities of daily living discussed. No side effects were reported. There are no aberrant drug seeking behaviors such as urine drug screen or CURES report documented to show adherence to medication. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.