

Case Number:	CM15-0089237		
Date Assigned:	05/13/2015	Date of Injury:	08/12/2013
Decision Date:	06/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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: Internal 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 51 year old female, who sustained an industrial injury on 08/12/2013. The injured worker reported pain in the head and neck, felt dizzy and faint secondary to being struck in the head with a metal bar. On provider visit dated 03/09/2015 the injured worker has reported headaches, left shoulder pain neck pain and low back pain. On examination of the cervical spine, paraspinal muscles were noted to have marked tenderness. The diagnoses have included cervical pain with multiple orthopedic problems, chronic pain and depression. Treatment to date has included medication. The provider requested Tramadol 50 MG #60 with 1 Refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #60 with 1 Refill: 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, Chapter 8 Neck and Upper Back Complaints Page(s): 47-48, 181-183, Chronic Pain Treatment Guidelines Opioids Page 74-96. Tramadol (Ultram) Pages 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. MTUS Chronic Pain Medical Treatment Guidelines address Tramadol (Ultram). Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck conditions. The neurological primary treating physician's progress report documented a history of cervical pain and chronic pain. Date of injury was 08/12/2013. She has marked tenderness over the cervical paraspinal muscles. Otherwise, normal strength, sensation, and reflexes in the upper and lower extremities. This patient was evaluated by an orthopedic surgeon on February 23, 2015. The orthopedic surgeon did not feel that there was indication for any surgical intervention, although she complained of neck pain. Magnetic resonance imaging MRI did not show any disc herniation, but did show a somewhat of a reversal of the cervical lordosis. There is minimal objective evidence of pathology. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck conditions. Therefore, the request for Tramadol (Ultram) is not medically necessary.