

Case Number:	CM14-0119730		
Date Assigned:	08/06/2014	Date of Injury:	10/03/2012
Decision Date:	10/14/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 64-year-old female who submitted a claim for cervical spine disc protrusion at C6-7 with left sided C7 radiculopathy; lumbar spine strain with possible disc protrusion; bursitis, left hip; and, medial meniscal tear, left knee, associated with an industrial injury date of 10/03/12. Medical records from 2013 to 2014 were reviewed. Patient apparently sustained an injury while performing her work as a packer with duties that included lifting and carrying boxes, constant standing, walking, bending at the neck and waist area, twisting and squatting. She then developed pain, initially at the neck and left shoulder, then progressing to include the mid-back, lower back, hips, left elbow and left knee. Pain then became intolerable hence she sought consult and received treatment which included cortisone injection, physical therapy and medications which provided only slight relief. 06/18/14 progress report stated patient had improvement in her left knee but with persistence of other complaints. 01/18/14 progress report further describes complaint as frequent sharp pain at the noted areas radiating downwards to the lower extremities with associated numbness and tingling sensation, exacerbated by range of motions (ROMs) of the neck, pushing, pulling, lifting, prolonged standing, sitting and walking, relieved by exercise and medications. On physical examination, ROM of the cervical and lumbar spine is decreased; there is point tenderness at the posterior aspect of the neck, lower back, trochanteric bursa and medial joint line of the left knee with note of moderate effusion at the left knee. McMurray test of the left knee likewise elicits pain in the medial compartment. Motor examination is normal, with noted decreased sensation at the lateral aspect of the left foot. Plan was to continue physical therapy, medications and for a repeat magnetic resonance imaging (MRI) of said parts. Treatment to date has included physical therapy, lumbar block and medications (Protonix, Anaprox, Norflex, and Ultram since at least 04/30/14). Utilization review

date of 07/04/14 denied the request for Ultram since no objective functional gains, such as return to work, with the use of medication was noted in the submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultram ER Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid section, Tramadol Page(s): 74-81, 84.

Decision rationale: As stated on pages 74-81 and 84 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting opioid analgesic reported to be effective in the treatment of neuropathic pain, but is not recommended as a first-line oral analgesic. Although the use of Tramadol for chronic back pain is efficacious, it is limited to short-term pain relief only. It has been shown on Cochrane studies to be associated with decreased pain intensity, produced symptom relief and improved function for a time period of up to 3 months, but adverse events often caused study participants to discontinue this medication, limiting its usefulness. Failure to respond to a time limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. Also, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, the medical records are unclear regarding the duration of opiate use to date, only that it must have been used since 04/30/14. Although there was reported improvement in patient's pain with the use of the medication, no objective evidence of this was noted in the records. Also, there was no documentation of improvement in patient's pain in relation to her performance of activity of daily living (ADLs) with the use of Tramadol. No urine drug screen for the prescribed medications was done and the records do not clearly reflect lack of adverse side effects or aberrant behavior. Likewise, there is no note of the dosage, total number of tablets, and refill in the request submitted. The continued review of overall situation with regards to non-opioid means of pain control is also not documented in the records provided. Therefore, the retrospective request for Ultram ER is not medically necessary.