

Case Number:	CM14-0160105		
Date Assigned:	10/03/2014	Date of Injury:	03/20/2012
Decision Date:	10/31/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 59-year-old female with a reported date of injury on 03/20/2012. The mechanism of injury was noted to be due to cumulative trauma. Her diagnoses were noted to include cervical spine sprain/strain and lumbar spine sprain/strain. Her previous treatments were noted to include medications and physical therapy. The progress note dated 05/16/2014 revealed complaints of slight to intermittent, moderate, and occasionally severe neck pain with tingling sensation to the left shoulder. The injured worker denied numbness or weakness and revealed the neck pain was greater than upper extremity pain. The injured worker indicated her neck pain rated 9/10. The injured worker complained of lumbar spine pain rated 9/10 with tingling sensation to the left foot. The physical examination of the cervical spine revealed 2+ tenderness to palpation and spasms over the bilateral paraspinal muscles of the cervical spine. The special orthopedic tests to the cervical spine were negative and the range of motion was noted to be decreased. The physical examination of the lumbar spine revealed 2+ tenderness to palpation and spasm over the bilateral paraspinal muscles of the lumbar spine. The special orthopedic tests were noted to be negative and there was decreased range of motion to the lumbar spine. The motor strength was rated 5/5 in all of the represented muscle groups in the bilateral upper extremities and deep tendon reflexes were 2+ and symmetrical. The sensation was intact to all dermatomal levels. The neurological examination to the bilateral lower extremities noted motor strength rated 5/5, deep tendon reflexes were 2+ and symmetrical, and sensation was intact. The Request for Authorization form was not submitted within the medical records. The request was for tramadol ER 150mg, #60; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines STEPS TO TAKE BEFORE A THERAPEUTIC TRIAL OF OPIOIDS Page(s): 76.

Decision rationale: The request for Tramadol ER 150mg, #60 is not medically necessary. The injured worker complains of neck and low back pain rated 9/10. The California Chronic Pain Medical Treatment Guidelines state to attempt to determine if the pain is nociceptive or neuropathic. The guidelines state to also attempt to determine if there are underlying contributing psychological issues. Neuropathic pain may require higher doses of opioids, and opioids are not generally recommended as a first line therapy for some neuropathic pain. The guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. The guidelines state before initiating therapy, a patient should set goals and the continued use of opioids should be contingent on meeting those goals. The guidelines recommend baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Pain related assessments should include history of pain treatment and effect of pain and function, and assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The patient should have at least 1 physical and psychosocial assessment by the treating doctor to assess whether a trial of opioids should occur. When subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, a second opinion with a pain specialist and a psychological assessment should be obtained. The physician or surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver, or guardian. A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and informed consent. Patient, guardian, and caregiver attitudes about medicines may influence the patient's use of medications for relief from pain. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There was a lack of documentation regarding the injured worker attempting a nonopioid trial prior to prescribing opioids or baseline pain and functional assessments being made. There is a lack of documentation regarding a pain agreement for chronic use and/or that the risks and benefits of the use of controlled substances and other treatment modalities were discussed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.