

Case Number:	CM14-0162823		
Date Assigned:	10/08/2014	Date of Injury:	11/12/2008
Decision Date:	11/14/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 47-year-old man who sustained a work related injury on November 12, 2008. Subsequently, he developed persistent low back pain. The patient had medial branch blocks done in 2013 with transitory benefit. According to the progress report dated August 26, 2014, the patient reported low back pain radiating to the right buttock. The patient was status post left shoulder cortisone injection, which reduced his left shoulder pain from 7/10 to 4/10. The patient was experiencing increased axial low back pain and restricted lumbar spine range of motion by 50%. Examination of the lumbar spine revealed tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L3-S1 facet joints. Lumbar spine range of motions was restricted by pain in all directions by 50%. Bilateral shoulder ranges of motion were restricted by pain in all directions. Lumbar facet joint and bilateral shoulder provocative maneuvers were positive. Bilateral shoulder impingement signs, including Hawkin's and Neer's were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. Clonus, Babinski's, and Hoffmann's signs were absent bilaterally. Muscle strength was 5/5 in all limbs. The patient was diagnosed with bilateral lumbar facet joint pain, lumbar facet joint arthropathy, lumbar disc protrusion, lumbar stenosis, right sacroiliac joint pain, lumbar sprain/strain, bilateral shoulder pain, and shoulder sprain/strain. The provider requested authorization for Tramadol APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol APAP 37.5/325mg twice daily as needed for pain, Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Criteria for use of opioids, page(s) 179

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tramadol). There is no clear documentation of the efficacy/safety of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medication. There is no clear justification for the need to continue the use of Tramadol. Therefore, the prescription of Tramadol APAP 37.5/325mg is not medically necessary at this time.