

Case Number:	CM14-0180226		
Date Assigned:	11/04/2014	Date of Injury:	09/16/2004
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/30/2014

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 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 62-year-old woman who sustained a work related injury on September 16, 2004. Subsequently, she developed chronic neck, knees, and low back pain. The patient underwent right knee joint replacement in 2009. According to the progress report dated November 10, 2014, the patient complained of posterior neck pain radiating across bilateral shoulders, right much greater than left, pain radiating down right arm including right wrist, hand, and fingers. She was also reported to have lower back pain radiating down the right buttock to posterolateral right leg and right calf and right ankle and foot. The patient's knee pain has progressively gotten worse. She has tried to elevate and rest this with no benefit. The patient physical examination revealed moderate tenderness to palpation over cervical paraspinal musculature and bilateral trapezii, interscapular musculature, right shoulder/upper arm, lumbosacral spine, and anterior right knee. Cervical flexion restricted by pain to 15 degrees, extension limited to return to neutral, rotation limited by guarding and pain to 30 degrees bilaterally due to severe spasms. The patient turned as a unit to avoid rotating and bending. There was positive Spurling's. There is a lumbar tenderness with reduced range of motion. Positive bilateral straight leg raises while seated. The patient was diagnosed with chronic pain syndrome, dysesthesias, and osteoarthritis of knee, cervicalgia, and pain in joint of the shoulder region, lumbago, degeneration of lumbar and lumbosacral intervertebral disc. The provider requested authorization for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for tramadol 50mg; 1 QID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. 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. 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. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. 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 her medications, monitoring for side effects and aberrant behavior. Therefore, the prescription of Tramadol 50 mg QID PRN is not medically necessary.