

Case Number:	CM14-0091437		
Date Assigned:	07/25/2014	Date of Injury:	05/27/2010
Decision Date:	09/19/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 Texas and Oklahoma. 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 male with a reported date of injury on 05/27/2010. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervicgia and lumbago. His previous treatments were noted to include physical therapy and medications. His diagnoses were noted to include lumbar radiculopathy, lumbar disc degeneration, lumbar facet arthropathy, status post lumbar fusion, chronic pain, status post right knee surgery, right shoulder internal derangement and umbilical hernia repair. His previous treatments were noted to include a home exercise program, physical therapy and a TENS unit. The progress note dated 05/06/2014, revealed complaints of constant cervical and lumbar spine pain with spasms. The physical examination revealed tenderness at the trapezoids and lumbar spine with spasms. There was a positive Spurling's, straight leg raise and decreased range of motion noted. The progress note dated 06/03/2014, revealed complaints of pain in the cervical spine that was aggravated by repetitive motions of the neck, characterized as sharp. There was a radiation of pain into the upper extremities and associated headaches that were migrainous in nature. The injured worker indicated the pain was worsening and rated it 7/10. The injured worker indicated the pain in the right shoulder was worsening and rated it 8/10. The injured worker reported his frequent low back pain was improving, but it was rated 3/10. The physical examination of the lumbar spine revealed paravertebral muscle tenderness with spasms and a positive axial loading compression test. There was a positive Spurling's maneuver and limited range of motion with pain. The sensation and strength were normal and there was tenderness around the anterior glenohumeral region and subacromial space. There was positive Hawkin's and impingement signs and rotator cuff function appears to be intact, although painful. There was reproducible symptomatology with internal rotation forward flexion and standing flexion and extension were guarded and restricted. There was palpable paravertebral muscle tenderness

with spasms and seated nerve root test was positive. The range of motion, standing flexion and extension were guarded and restricted. The sensation and strength exam was normal. The Request for Authorization form dated 05/13/2014 was for tramadol ER 150 mg quantity 90 once a day as needed for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg Qty 90 once a day as needed for severe pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (07/18/2009) - Opioids, California Controlled Substance Utilization Review and Evaluation System (DWC) p 76 Page(s): 93-94, 76, 89, 80, 78, 79-80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for tramadol ER 150 mg quantity 90 once a day as needed for severe pain is not medically necessary. The injured worker has been utilizing the medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's of ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications. There is lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is lack of documentation regarding side effects. There is lack of documentation regarding whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence of significant pain relief, increased function, adverse effects and without details regarding urine drug testing to verify appropriate medication use, the ongoing use of opioid medications is not supported by the guidelines. Therefore, the request is not medically necessary.