

Case Number:	CM14-0088200		
Date Assigned:	07/23/2014	Date of Injury:	05/08/2001
Decision Date:	06/04/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old female who sustained a cumulative trauma industrial related injury on 11/1/00 involving her neck bilateral upper extremities. She had electrodiagnostic studies of the upper extremities which were unremarkable. She had paraffin baths to upper extremities and anti-inflammatory medications which were not effective for symptom relief. She currently complains of cervical pain that radiates into the bilateral shoulders and bilateral upper extremities. She has significant limitation with her upper extremities as she cannot tolerate even minimal repetitive activities. Her medications are Ambien, Lyrica, Soma, trazodone, Norco and Zoloft. Diagnoses include significant degenerative disc disease at C5-6; intractable neck, upper back and bilateral upper extremity pain; clinical depression associated with chronic pain syndrome. Treatments to date include several cervical epidural steroid injections; six trigger point injections in the cervical paraspinal musculature multiple times. Diagnostics include cervical MRI (3/27/07, 1/15/01) with progressive changes. In the progress note dated 5/7/14 the treating provider's plan of care includes refill on all medications including Soma and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, qty 180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: In May of 2014, the patient presented with diagnosis of significant degenerative disc disease at C5-6; intractable neck, upper back and bilateral upper extremity pain; clinical depression associated with chronic pain syndrome. The patient's complaints were documented as cervical pain that radiates into the bilateral shoulders and bilateral upper extremities. The patient also had significant limitation with the upper extremities and could not tolerate even minimal repetitive activities. The current request is for Tramadol 50 mg, qty 180 with 3 refills. MTUS states, Tramadol is a centrally acting synthetic opioid analgesic that it is not recommended as a first-line oral analgesic. In May of 2014, UR modified the prescription of Tramadol to 50mg #144. The treating physician states in his treating report dated 3/4/14 (10B) "patient is requesting Rx refills of "Ultram 50 mg today". For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS Guidelines. Recommendation is for denial.