

Case Number:	CM14-0098065		
Date Assigned:	07/28/2014	Date of Injury:	11/28/2000
Decision Date:	09/14/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/26/2014

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
 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 56 year old female, who sustained an industrial injury on 11-28-00. The injured worker has complaints of pain in the neck, mid back, bilateral shoulders and right wrist. The documentation noted that the injured worker reports upper and mid back pain that radiates to the neck and low back; occasional chest wall pain which is located over the sternum and associated with difficulty breathing due to pain and complaints of frequent low back pain which is located in the center that radiates to the mid back and buttocks. There is cervical spine tenderness and spasms upon palpation of the cervical paravertebral muscles and upper trapezius musculature and decreased range of motion. There is tenderness to palpation along the bilateral shoulders and has bilateral carpal tenderness. The diagnoses have included cervical spine spinal stenosis; thoracic spine sprain and strain; bilateral shoulder internal derangement and bilateral carpal tunnel syndrome. Treatment to date has included injections; electromyography/nerve conduction velocity study of the hands; computerized tomography (CT) scan; omeprazole and tramadol. The request was for tramadol 50mg #60 (date of service 3-18-14) and tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 (DOS 3/18/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Tramadol Page(s): 60, 61, 76-78, 88, 89, 113.

Decision rationale: Based on the 03/18/14 Doctor's First report provided by treating physician, the patient presents with pain to neck, midback, bilateral shoulders, and bilateral wrists. The patient is status post left shoulder surgery August 2013. The request is for Tramadol 50mg #60 (DOS 3/18/14). RFA with the request not provided. Patient's diagnosis on 03/18/14 includes cervical spine spinal stenosis; thoracic spine sprain and strain; bilateral shoulder internal derangement and bilateral carpal tunnel syndrome. Physical examination on 03/18/14 revealed limited range of motion to the cervical spine, bilateral shoulders and wrists, positive Spurling's, Impingement and Supraspinatus tests. Treatment to date has included imaging and electrodiagnostic studies, injections, and medications. Patient's medications include Advil, Omeprazole, Clonazepam and Tramadol. The patient has not worked since 2003, per 03/18/14 report. 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 adverse 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. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Per 03/18/14 report, treater states "the patient is being evaluated for medication management and/or ongoing medication therapy... the patient was given a prescription for Tramadol 50mg #60, to be taken as directed." In regards to the prescription of Tramadol, the request is indicated. This is the initiating prescription of this medication, per 03/18/15 Doctor's First report. A trial of Tramadol appears reasonable for the patient's ongoing chronic pain condition. Therefore, the request is medically necessary.

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