

Case Number:	CM15-0003581		
Date Assigned:	01/14/2015	Date of Injury:	09/29/2011
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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 57 year old male, who sustained an industrial injury on September 29, 2011. He has reported neck and back related to the industrial injury. The diagnoses have included displacement of cervical intervertebral disc without myelopathy, cervical spondylosis without myelopathy, displacement of the lumbar intervertebral disc without myelopathy and lumbago. Treatment to date has included medications, chiropractic therapy and acupuncture. Currently, the injured worker complains of neck pain radiating to the bilateral upper extremities and low back pain radiating to the lower extremities. The pain is associated with tingling, numbness and weakness in both legs. It is described as constant in frequency and severe in intensity. The injured worker rates the pain as a 9-10 on a 10-point scale. On examination the injured worker had limited range of motion to the cervical spine and normal alignment. There was tenderness to palpation over the bilateral cervical paraspinal muscles and superior trapezius. Examination of the lumbar spine revealed limited rotation and no asymmetry or scoliosis. There was a mild loss of lumbar lordosis and tenderness to palpation noted over the bilateral lumbar paraspinal muscles consistent with spasms. The documentation reveals that the injured worker's medication regimen has included Tramadol since August 21, 2013. On December 23, 2014 Utilization Review non-certified a request for Tramadol 50 mg #60 noting that the guidelines recommend weaning of the medication. The MTUS was cited. On January 8, 2015, the injured worker submitted an application for IMR for review of Tramadol 50 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Tramadol 50mg #60 is not medically necessary and appropriate.