

Case Number:	CM15-0101191		
Date Assigned:	06/03/2015	Date of Injury:	05/13/1999
Decision Date:	07/01/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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, Pain Management

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 70 year old female who sustained an industrial injury on 05/13/1999 resulting in cumulative trauma injuries to the neck, shoulder, and bilateral upper extremities. Treatment provided to date has included: physical therapy (unknown # of sessions), medications (including tramadol, Lyrica, and Norco), psychological evaluation, and cervical epidural steroid injection. Diagnostic tests performed include: MRI of the cervical spine (no date) showing multilevel disc bulging with bilateral neural foraminal stenosis, and left hypertrophic severe facet changes. Comorbid diagnoses included history of osteoporosis and hypertension. There were no noted previous injuries or dates of injury. On 04/15/2015, physician progress report noted complaints of chronic neck pain. There was no documented pain severity rating in these progress notes. Additional complaints include dizziness, headaches, difficulty breathing, constipation, heart burn, nausea, itching of the skin, numbness, weakness, poor balances, poor concentration, anxiety and depression. The clinical notes state that the injured worker had taken tramadol and reported that it was not very helpful in relieving pain/symptoms. The injured worker then reported significant nausea with the use of Norco, therefore she indicated that she did not want to take this medication and requested a trial of another medication for her pain. Current medications consisted of Lyrica, tramadol, Norco and Celebrex. The physical exam of the cervical spine revealed no documented abnormalities. The provider noted diagnoses of degeneration of cervical disc, neck pain, long term use of medications, unspecified major depression, and depression with anxiety. Plan of care includes a discontinued Norco, restart tramadol, physical therapy, and possible steroid injections. A report dated May 13, 2015 states

that the patient tried tramadol and did not feel that it was very effective. She therefore discontinued use of this medication. The note goes on to state that the patient did have tramadol in the past with benefit including ability to perform activities of daily living with decreased pain. Requested treatments include: tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg Qty: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Tramadol, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is unclear how the patient responded to treatment with tramadol previously. Notes provide conflicting reports of how the patient was affected by this medication. Therefore, a one month trial to identify whether this medication is effective or not seems reasonable. As such, the currently requested Tramadol is medically necessary.