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| Case Number: | CM15-0110858 | | |
| Date Assigned: | 06/17/2015 | Date of Injury: | 12/05/2008 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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: Massachusetts

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 63 year old male, who sustained an industrial injury on 12/05/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having right shoulder sprain, chronic, moderate to severe cervical, thoracolumbar myofascial pain syndrome, moderate right cervical five and mild left cervical five radiculopathy, and mild lumbar five radiculopathy. Treatment and diagnostic studies to date has included laboratory studies, home exercise program, swimming daily, meditation, and medication regimen. In a progress note dated 03/27/2015 the treating physician reports complaints of constant neck pain, upper back pain, lower back pain, along with pain and numbness to the upper and lower extremities. Examination reveals restricted range of motion to the right shoulder, cervical spine, and lumbar spine; positive Arm Drop Test and impingement test; multiple myofascial trigger points to the cervical paraspinal, trapezius, levator scapulae, scalene, infrapinatus, thoracic and lumbar paraspinal, and gluteal muscles; and decreased sensation to the right thumb and lateral aspect of the right arm. The injured worker's pain is rated from 7 out of 10 without use of his medication regimen to 2 out of 10 with use of his medication regimen with a greater than 70% improvement of pain and ability to function due to his medication regimen. The treating physician also notes that the injured worker is able to perform activities of daily living easier and notes that the injured worker is moderately depressed along with having difficulty sleeping without use of his medication regimen. The treating physician requested the medication regimen Tramadol HCl ER with a quantity of 90 noting prior prescriptions of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Short acting/Long-acting opioids, Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in December 2008 and continues to be treated for pain throughout his spine with radiating upper and lower extremity symptoms. Medications are referenced as decreasing pain from 7/10 to 2/10 with improved function and ability to perform activities of daily living. When seen, there was decreased range of motion with multiple trigger points. There was decreased right upper extremity sensation. Indications include extended release tramadol being prescribed at a total MED (morphine equivalent dose) of 90 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.