

Case Number:	CM15-0116844		
Date Assigned:	06/25/2015	Date of Injury:	03/11/2012
Decision Date:	08/25/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 47 year old female, who sustained an industrial injury on March 11, 2012. She reported injuries of the neck, bilateral shoulders, bilateral hands, bilateral hips, left knee, and left ankle. The injured worker was diagnosed as having cervical spine sprain/strain with disc herniation at cervical 3-4; thoracic spine sprain/strain; right shoulder sprain/strain; lumbar spine sprain/strain, internal derangement, arthropathy acromioclavicular joint; left knee contusion with medial meniscus tear; and left ankle lateral collateral ligament sprain/strain. On November 28, 2012, electrodiagnostic studies were negative for entrapment neuropathy, peripheral polyneuropathy, or lumbar radiculopathy in the bilateral lower extremities. On December 26, 2012: an MRI of the cervical spine revealed disc desiccation with a 2 mm posterior disc protrusion at cervical 3-4 without central canal stenosis or cervical spinal stenosis bilaterally. An MRI of the lumbar spine revealed disc desiccation with a 4.5mm posterior disc protrusion at lumbar 4-5 with minimal central canal stenosis. An MRI of the left knee revealed a posterior horn medial meniscus tear. An MRI of the left foot revealed findings consistent with plantar fasciitis. On February 27, 2013: a CT of left ankle revealed no fracture. On October 4, 2013: x-rays of the bilateral hands, bilateral hips, pelvis, left knee, and left ankle were unremarkable. X-rays of the cervical spine revealed slight disc space and facet joint narrowing at cervical 4-5. X-rays of the thoracic spine revealed multilevel disc space narrowing. X-rays of the lumbar spine revealed moderate to severe disc space narrowing at lumbar 4-5. Treatment to date has included cognitive behavior therapy, psychotherapy, a knee brace, physical therapy, chiropractic therapy, and medications including short-acting opioid analgesic, long-acting opioid

analgesic, and proton pump inhibitor. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hypertension, diabetes, anxiety, and depression. On May 5, 2015, the injured worker complained of cervical spine, thoracic spine, and lumbar spine pain, which was rated 6/10. She also complains of right shoulder, left knee, and left ankle pain, which was rated 7/10. There was no change in symptoms. She reports that Tramadol was helpful in the past. She had no side effects from the Tramadol. Due to gastritis she is unable to take non-steroidal anti-inflammatory drugs. The physical exam revealed loss of kyphosis, stumped posture, a wide based gait, and she moved with stiffness. There was tenderness of the cervical spine, cervical-thoracic spine, lumbar spine, and lumbosacral spine bilaterally. There was pain versus mild weakness of the right shoulder. The treating physician noted that she was compliant with her prescribed medication. The treatment plan includes Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER (extended release) 150 mg Qty 30 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, criteria for use: On-Going Management and When to Discontinue Opioids for chronic pain Opioids, specific drug list: Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Opioids, steps to avoid misuse/addiction Page(s): 78-79; 81-83; 93-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested Tramadol ER is not medically necessary.