MAXIMUS Federal Services

Case Number:	CM15-0170134		
Date Assigned:	09/10/2015	Date of Injury:	11/11/2009
Decision Date:	10/08/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/28/2015

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 Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 41 year old female who sustained an industrial injury on 11-11-2009. According to a progress report dated 08-11-2015, the injured worker had been previously seen on 07-23-2015. She reported a significant increase in symptoms affecting her right upper extremity over the past few weeks. She was participating in hand therapy and was making improvement, but overall symptoms had increased significantly with aching pain affecting the right shoulder and right hand with radiation of pain toward the neck and right side of the face. Medications included Gabapentin and Tramadol. Tramadol reduced her symptoms but made her somewhat hyper and made it difficult for her to sleep. Objective findings included soft tissue tenderness on palpation throughout the right upper extremity, most notably at the right rotator cuff and subacromial space. There was diffuse soft tissue tenderness throughout the right arm including the biceps musculature as well as the soft tissues of the right hand. She reported aching pain in the right wrist which increased with extremes of active flexion and extension where there was mild erythema affecting the dorsal aspect of the hand and pain on palpation of the 3rd, 4th, and 5th MCP joints of the right hand. Diagnoses included cervical disc degeneration and neck pain, right upper extremity shoulder pain rotator cuff tendinitis and lateral epicondylitis, complex regional pain syndrome, left elbow pain with lateral epicondyle pain and right radial neuropathy surgery on 11-14-2013. The injured worker was currently scheduled to have a right stellate ganglion block. The provider noted that previous analgesics had either had poor efficacy or had been poorly tolerated due to sedation and or constipation. She was advised to continue her current dosage of Tramadol. She was advised that she should not hesitate to use 4 to 5 tablets per

day if it was necessary to control her pain. She was temporarily totally disabled. Previous progress reports note the following: On 06-18-2015, Tramadol was discontinued. The injured worker reported xerostomia while taking Tramadol. On 07-23-2015, the injured worker was taking Tylenol #2 due to poor response from Tramadol. Records show that on 07-08-2015 and 08-19-2015, the injured worker underwent a right stellate ganglion block under fluoroscopic guidance. Urine drug screen reports were not submitted for review. An authorization request dated 08-11-2015 was submitted for review. The requested services included Tramadol 50 mg quantity 90 with 2 refills. On 08-24-2015, Utilization Review modified the request for Tramadol 50 mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. In this case, the patient reported that she was having difficulty with Tramadol due to insomnia. There is no clear documentation of pain and functional improvement with previous use of Tramadol. There is no clear documentation of continuous monitoring of patient's compliance with her medications. Therefore, the prescription of Tramadol 50mg #90 with 2 refills is not medically necessary.