

Case Number:	CM15-0170399		
Date Assigned:	09/10/2015	Date of Injury:	06/24/2013
Decision Date:	10/09/2015	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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This injured worker is a 58 year old female who reported an industrial injury on 6-24-2013. Her diagnoses, and or impression, were noted to include: shoulder region joint pain involving the neck, dorsal thorax and shoulder girdles; myofascial pain syndrome; and post-traumatic stress disorder with major depressive disorder. No current imaging studies were noted; the toxicology screening of 7-1-2015 noted an inconsistency with the detection of Tramadol (or sources which included Ultram) which was not part of the prescription list. Her treatments were noted to include: physical therapy; chiropractic and acupuncture treatments; trans-cutaneous electrical nerve stimulation unit therapy; psychiatric treatment; injection therapy; and pain and psychiatric medication management with toxicology studies; and status of temporarily totally disabled on a psychiatric basis. The initial pain management consultation notes of 7-1-2015 reported complaints which included: constant, bilateral neck, dorsal of her thorax, and shoulder pain and stiffness that was aggravated by activity, and relieved by rest, ice, stretching, acupuncture, and medications; and that Bengay and Tramadol provided a 50-75% relief for 3-4 hours, allowing for water exercise classes and home-independent exercises. Objective findings were noted to include: no apparent distress; a flat affect; verbal report of, without noted pain behavior for, diffuse tenderness over the cervical neck, trapezii and upper thorax; decreased cervical range and extension which produced mid-line pain and bilateral axial rotation which produced contra-lateral stretching; decreased bilateral deep tendon reflexes in the upper extremities; and tenderness of the right "AC" joint and biceps tendon, that was with positive Hawkins sign. The physician's requests for treatments were noted to include Ultram Extended Release 100 mg daily

because her pain is a 24 hour a day problem, with the plan to titrate her dose upwards if needed, to ultimately use for break-through pain only; and for Tramadol 50 mg, 1 tablet every 6 hours as needed, not to exceed 3 tablets a day. Aside from reported pain of mild, and that Tramadol provided her 50% relief of pain for 4-5 days, no significant changes were noted in the pain management progress notes of 8-12-2015. The Utilization Review of 8-24-2015 non-certified the request for Ultram Extended Release daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg daily count #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram ER 100 mg daily #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are pain in joint shoulder region; and myofascial pain syndrome FMS. Date of injury is June 24, 2013. Request for authorization is August 12, 2015. According to an initial consultation dated July 1, 2015 progress note, Ultram ER 100 mg was prescribed for 24 hour coverage in addition to tramadol (Ultram) 50 mg Q6 hours. According to an August 12, 2015 progress note, subjectively the injured worker had ongoing back pain, neck pain and shoulder pain with a pain scale of 2.5/10. There is no documentation of uncontrolled moderate to severe pain indicating a long acting opiate is required. The Ultram ER was not approved (July 1, 2015). There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. The documentation does not demonstrate objective functional improvement (or non-improvement) with use of tramadol 50 mg. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation reflecting significant moderate to severe pain, no clinical indication or rationale for Ultram ER and no detailed pain assessments or risk assessments, Ultram ER 100 mg daily #30 is not medically necessary.