

Case Number:	CM15-0174618		
Date Assigned:	09/16/2015	Date of Injury:	12/06/2014
Decision Date:	10/19/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/04/2015

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: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 12-6-14. The injured worker was diagnosed as having lumbar sprains-strains; right shoulder sprain-strain; right knee sprain-strain; morbid obesity; stress; sleep disturbance. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (4-12-15). Currently, the PR-2 notes dated 7-20-15 are hand written. The notes indicated the injured worker complains of right shoulder pain "6 out of 10 pain with pop, click. Lumbar spine 7 out of 20 pain with radicular pain, weakness, burning pain. Negative N,T. Will request EMG BLE to rule out lumbar radiculopathy. Right knee 6 out of 10 pain with pop-click, giving out, locking up. Increase pain at night. Patient to start chiropractic treatment later today. Medications helpful, will refill. Patient complains of GI upset with medications. Will prescribe Prilosec. Driving precautions given." The provider documents no changes; no treatment and no changes in physical examination since the last visit. The provider notes he prescribed: "Tramadol 50mg 1 twice a day; Prilosec 20mg 1 a day and Ibuprofen 600mg twice a day PRN." He also note he offered and injection and the "Patient declines injection at this time". A MRI of the lumbar spine was done on 4-12-15 with an impression documented as: 1) A 3-4mm broad-based posterior disc protrusion at L5-S1. Moderate bilateral facet arthropathy. Minimal degenerative anterolisthesis. Moderate degenerative disc disease. Mild central canal stenosis and moderate bilateral neural foraminal stenosis with partial effacement of right L5 dorsal root ganglion. 2) A 2mm posterior disc bulge at L4-5. A very minimal degenerative anterolisthesis. Moderate bilateral facet arthropathy and ligamentum flavum hypertrophy. Mild central canal stenosis. Mild bilateral

neural foraminal stenosis. Minimal to mild degenerative disc disease. 3) A 2mm posterior disc bulge at L3-4. Mild facet arthropathy and ligamentum flavum hypertrophy. Disc desiccation. 4) There are 2-3mm posterior disc bulges from T8-9 through T11-12. Minimal to mild central canal stenosis. Mild to moderate degenerative disc disease. 5) Suspect multiple uterine fibroids. A Request for Authorization is dated 8-13-15. A Utilization Review letter is dated 8-12-15 and non-certification was for Tramadol 50mg #60 with one refill. The provider is requesting authorization of Tramadol 50mg #60 with one refill. Utilization Review non-certified Tramadol 50mg #60 with one refill referencing the California Chronic Pain Medical Treatment Guidelines stating "There is documentation of a current urine drug screen performed on 6-16-15 that was consistent. However, the medical records do not identify measurable analgesic benefit (VAS scores) with the use of opioids and there is no documentation of functional-vocational benefit with ongoing use."

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with one refill: 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, Weaning of Medications.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Tramadol for an extended period without objective documentation of a change in pain level or increase in function. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg #60 with one refill is determined to not be medically necessary.