

Case Number:	CM15-0175151		
Date Assigned:	09/16/2015	Date of Injury:	06/24/2013
Decision Date:	10/26/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female, who sustained an industrial injury on June 24, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for post-traumatic stress disorder, major depressive disorder, pain in joint involving shoulder region, and myofascial pain syndrome. On August 12, 2015, the injured worker reported back pain, neck pain, and shoulder pain, rating her pain at 2.5 out of 10 on the visual analog scale (VAS). The Treating Provider's report dated August 12, 2015, noted the injured worker was paying out of pocket for her Tramadol, was continuing to take Gabapentin, and was also taking Abilify and Fetzima. The injured worker reported rest relieved her pain, lying down, medication, stretching, and ice with the shoulder pain helped by acupuncture. Prior treatments have included chiropractic treatments, epidural injection, physical therapy noted to be helpful, acupuncture with relief, yoga, TENS, cognitive behavioral therapy, and medication, including Celexa, Cymbalta, Lexapro, Pristiq, Wellbutrin, Zoloft, Buspar, Lorazepam, Ambien, Ibuprofen, Ultram, and Hydrocodone. The injured worker was noted to currently be taking Imitrex for her migraines and 1-3 tablets of Tramadol a day with a 30 minute onset, 50% relief, and 4-5 hours duration, with the ability to do light housework, get out of the house, exercise [REDACTED], and do yoga. A CURES was reviewed August 11, 2015, a urine drug screen (UDS) dated July 1, 2015 was positive for Gabapentin and Tramadol, and an OMA was signed July 1, 2015. Physical examination was noted to show the injured worker with diffuse tenderness over the neck, trapezii, and upper thorax, with decreased cervical range of motion (ROM) producing midline pain. The treatment plan was noted to include a request for authorization for Tramadol, with the

injured worker noted to have a great response to the Tramadol with increased functional capacity, and as the Tramadol does not last long, the injured worker would benefit from Ultram ER. The request for authorization dated August 12, 2015, requested Tramadol 50 mg #90. The Utilization Review (UR) dated August 24, 2015, modified the request for Tramadol 50 mg #90 to Tramadol 50 mg #60 to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #90: Overturned

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, criteria for use.

Decision rationale: The patient presents with pain affecting the neck, and left shoulder. The current request is for Tramadol 50 mg #90. The treating physician report dated 8/12/15 (23B) states, "She presently takes Tramadol 50 mg 1-3 tablets a day with 30-60 minute onset 50-75% relief and a 3-4 hours duration. She is able to go to the YMCA for water exercise classes and does independent exercises well." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Tramadol since at least 7/1/15 (9B). The report dated 8/12/15 (23B) notes that the patient's pain level is 2.5/10 while on current medication. Patient noted no adverse effects or adverse behavior. The patient's ADL's have improved such as the ability to do light housework, get out of the house, and exercise at the YMCA and do yoga. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Tramadol has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.