

Case Number:	CM15-0176751		
Date Assigned:	09/17/2015	Date of Injury:	06/27/2011
Decision Date:	10/21/2015	UR Denial Date:	08/26/2015
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, 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:

The injured worker is a 49 year old female, who sustained an industrial injury on June 27, 2011. The injured worker was diagnosed as having a head contusion, cervical strain, cervical degenerative disc disease, cervical radiculopathy, left shoulder impingement syndrome, and left bicep tendonitis. Treatment and diagnostic studies to date has included medication regimen, physical therapy, acupuncture, chiropractic therapy, localized injections, magnetic resonance imaging of the cervical spine, home exercise program, and status post interlaminar epidural injection. In a progress note dated August 12, 2015 the treating physician reports complaints of dull, achy, and sharp pain to the cervical spine, shoulder, and the lumbar spine with radicular symptoms. Examination on August 12, 2015 revealed decreased range of motion to the cervical spine and left shoulder, positive left Hawkin's sign, and a decreased sensation to the left cervical seven to eight. On August 12, 2015 the injured worker's pain level was rated a 4 to 7 out of 10 on the visual analog scale. The progress note from August 12, 2015 noted that the injured worker's medication regimen has not been approved. The progress note from July 01, 2015 noted a current medication regimen of Norco, Ultracet, Celebrex, Lyrica, and Ferrous Sulfate that was noted to "improve" the injured worker's pain noting the injured worker's pain level on this date was a 6 to 9 out of 10, but did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The medical records provided noted that the

medication of Tramadol-Acetaminophen has been prescribed to the injured worker since at least May of 2015. On August 12, 2015 the treating physician requested the medication of Tramadol-Acetaminophen 37.5- 325mg with a quantity of 60 noting prior prescriptions of this medication. On August 26, 2015 the Utilization Review determined the request for Tramadol-Acetaminophen 37.5- 325mg with a quantity of 60 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol / APAP 37.5 / 325mg #60 prescribed 8/12/15: Upheld

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

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, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol/APAP 37.5/325 mg #60 date of service August 12, 2015 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 head contusion; cervical strain; cervical degenerative disc disease; cervical radiculopathy; and left shoulder impingement syndrome. Date of injury is June 27, 2011. Request for authorization is August 12, 2015. According to a progress note dated November 10, 2014, the treating provider prescribed Norco 10/325mg. According to a July 1, 2015 progress note, Ultracet was added to Norco 10/325mg. Subjectively, the worker had complaints of cervico-brachial pain and lumbar spine pain 6-9/10. According to an August 12, 2015 progress note, subjective complaints included neck pain, shoulder and low back pain. Pain score ranged from 4-7/10. Objectively, there was limited range of motion of the cervical spine with tenderness to palpation. There is tenderness to palpation lumbar spine paraspinal muscles. Norco 10/325mg was discontinued July 2015. There was no documentation indicating objective functional improvement to support ongoing Norco. Similarly, the documentation does not demonstrate objective functional improvement to support ongoing tramadol/APAP. There are no detailed pain assessments or risk assessments in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement to support ongoing tramadol/APAP and no detailed pain assessments or risk assessments, Tramadol/APAP 37.5/325 mg #60 date of service August 12, 2015 is not medically necessary.