

Case Number:	CM15-0179515		
Date Assigned:	09/21/2015	Date of Injury:	07/09/2003
Decision Date:	10/30/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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 60 year old female, who sustained an industrial injury on 7-9-03. The injured worker is undergoing treatment for chronic pain, cervical radiculopathy, lumbar radiculopathy, headaches, cervicalgia, iatrogenic opioid dependency, and status post bilateral knee arthroplasty and status post revision of left total knee replacement. Medical records dated 7-30-15 indicate the injured worker complains of headaches, neck pain radiating to the arms and hands, upper extremity pain, back pain radiating to the legs and lower extremity pain. She rates the pain 7-8 out of 10 on average with medication and 10 out of 10 without medication and worsened since her last visit. She reports gastrointestinal (GI) upset and constipation associated with medication. Physical exam dated 7-30-15 notes moderate distress, slow antalgic gait, cervical tenderness to palpation, painful decreased range of motion (ROM) and decreased sensation, lumbar tenderness to palpation with spasm, painful decreased range of motion (ROM), decreased strength, decreased sensitivity and positive straight leg raise on the left and left knee post-op total knee replacement revision dressing clean and dry with tenderness to palpation. Treatment to date has included opioid therapy and note dated 7-30-15 indicates cervical epidural steroid injection on 3-17-15 with 50-80% overall improvement lasting 7 weeks. Previous magnetic resonance imaging (MRI) studies from 2004 through 2010 indicate cervical and lumbar disc bulges, lumbar stenosis, lumbar degenerative changes, right knee meniscal tear and electromyogram nerve conduction study indicates lumbosacral radiculopathy. The original utilization review dated 8-31-15 indicates the request for Tramadol 50mg #90 is non-certified noting gastrointestinal (GI) side effects and minimal pain relief due to opiate tolerance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #90 (Med 90): 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with neck pain, low back pain, upper extremity pain, lower extremity pain, and ongoing severe, daily, temporal, occipital headaches rated 7-8/10 with and 10/10 without medications. The request is for TRAMADOL 50 MG #90 (MED 90). The request for authorization is not provided. The patient is status post revision left total knee replacement. MRI of the lumbar spine, 04/27/15, shows postsurgical changes are noted with posterior fixation of L4, L5, and S1 with transpedicular screws. Physical examination of the cervical reveals spinal vertebral tenderness was noted in the cervical spine C5-7. Range of motion was moderate to severely limited due to pain. Sensory examination shows decreased sensation in the upper extremity, with the affected dermatome C6. Exam of the lumbar reveals spasm noted L4-S1. Tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. Range of motion was moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the L5-S1 dermatome in bilateral lower extremities. Motor exam shows decreased strength of the extensor muscles in the left lower extremity. Straight leg raise with the patient in the seated position was positive on the left. Exam of the left lower extremity reveals post operative dressing, clean, and dry. Tenderness was noted on palpation at the left knee. The patient reports that the use of home exercise and current, opioid pain medication is helpful. The patient reports 80% improvement due to this therapy. Areas of functional improvement include: bathing, brushing teeth, caring for pet, cleaning, combing/washing hair, doing laundry, dressing, driving, exercising at home, mood, sitting, standing, traveling, vacuuming, walking in neighborhood, and washing dishes. The patient was counseled as to the benefits and potential side effects of the prescribed medications. The patient is complying with the pain management agreement and there are no signs of medication abuse or diversion. Patient's medications include Oxycodone, Cyclobenzaprine, Gabapentin, Omeprazole, Senexon-S, Tramadol, and Celexa. Per progress report dated 07/10/15, the patient is temporarily totally disabled. MTUS, Criteria For Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria For Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally

temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Per progress report dated 07/30/15, treater's reason for the request is "as needed for pain." Patient has been prescribed Tramadol since at least 04/09/15. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is also discussed, specifically showing significant pain reduction with use of Tramadol. There is documentation regarding adverse effects and aberrant drug behavior. A UDS was performed on 07/30/15, CURES reviewed, and opioid contract on file. In this case, treater has adequately discussed the 4A's as required by MTUS. However, per progress report dated 07/30/15, treater notes, "Specific medications tried and failed in the past: Tramadol." And treater does not discuss or explain why the patient is prescribed a medication that has failed in the past. Therefore, the request IS NOT medically necessary.