

Case Number:	CM15-0022526		
Date Assigned:	02/12/2015	Date of Injury:	04/24/2003
Decision Date:	07/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 74 year old male who sustained an industrial injury on 04/24/2003. Treatment provided to date has included: physical therapy (4), medications, and conservative therapies/care. Diagnostic testing was not mentioned. Other noted dates of injury documented in the medical record include: Comorbidities included acid reflux. There were no other dates of injury noted. On 12/19/2014, physician progress report noted complaints of continued neck pain with radiating pain into the shoulders. The pain was rated 4-5/10 (0-10) in severity, and was described as pressure-like, frequent, and less intense. Additional complaints included migraines, tension and cervicogenic headaches. Current medications include: Relpax (noted to help relieve headaches), tramadol (helps with neck pain), topical analgesic ointment, clindamycin, hydrocodone, Lisinopril, omeprazole, and pilocarpine (eye drops). The physical exam revealed tenderness to palpation of the cervical paraspinal muscles and along the facet joints, and limited range of motion of the cervical spine with pain. The provider noted diagnoses of chronic pain syndrome, displacement of cervical intervertebral disc, arthropathy of the cervical facet joints, migraines, post-concussion syndrome, and retinal disorder. Plan of care includes physical therapy, greater occipital nerve blocks, continued medications (including tramadol, Relpax and omeprazole), continued home exercise program, trial of cervical medial branch blocks, and follow-up in 6 weeks. The injured worker's work status was noted as not working. The request for authorization and IMR (independent medical review) includes: tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol hydrochloride 50mg QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2003 and continues to be treated for neck pain and headaches. When seen, pain was averaging 5/10. He was continuing to perform a home exercise program. Physical examination findings included multiple trigger points and decreased and painful cervical spine range of motion with paraspinal and facet joint tenderness. Tramadol was being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of tramadol is not medically necessary.