

Case Number:	CM15-0046445		
Date Assigned:	03/18/2015	Date of Injury:	10/14/2014
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/10/2015

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 48 year old male, who sustained an industrial injury on 10/14/14. He has reported injury after tripping and falling face first into a stack of plywood. The diagnoses have included cervical degenerative disc disease (DDD) and cervical radiculitis. Treatment to date has included diagnostics, medications, chiropractic, pain management and dental consults. Currently, as per the physician progress note dated 1/20/15, the injured worker complains of neck and bilateral upper extremity pain associated with numbness, tingling and weakness. The pain was described also as numb, pinching, dull, cramping and intense. The pain was rated 9/10 on pain scale. The current medication used was Neurontin. It was noted that the injured worker stated that pain killers do not help him and therefore he does not take them at the present time. Physical exam revealed cervical spine flexion, extension, and rotation was decreased due to pain, and there was tenderness bilaterally to palpation and positive midline tenderness. There was altered sensation in the left upper and right upper extremity and bilateral upper extremity give way weakness. The requested treatment includes starting Tramadol 50mg 1 tab by mouth three times daily for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg 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 by the 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. In this case, the injured worker's working diagnoses are degenerative disc disease cervical spine; limb pain; cervical radiculitis; and long-term use of medications. Documentation from a January 20, 2015 progress note shows the primary care treating physician prescribed Tramadol 50 mg PO TID #90. There was no indication Tramadol was written to be taken on a PRN or as needed basis. There is no subsequent progress note indicating subjective or objective functional improvement (as a result of tramadol). Additionally, a chiropractic progress note dated February 13, 2015, shows Tramadol and Neurontin caused nausea and vomiting. There is no risk assessment in the medical record. There is no detailed assessment in the medical record. There is no documentation with objective functional improvement to gauge Tramadol efficacy. Consequently, absent clinical documentation with objective functional improvement to gauge Tramadol ongoing efficacy with long-term use, Tramadol 50mg is not medically necessary.