

Case Number:	CM15-0062695		
Date Assigned:	04/08/2015	Date of Injury:	03/10/2011
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/02/2015

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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 63-year-old female who sustained an industrial injury on 3/10/11. She has reported injuries to the cervical spine left index finger, bilateral knees and low back after getting attacked by a dog while working. The diagnoses have included cervical disorder with myelopathy, lumbar disorder with myelopathy, sciatica and internal derangement of the knee. Treatment to date has included physical therapy, acupuncture 12 sessions, medications, chiropractic and psychological treatments. The current medications included Tramadol and Prilosec. Currently, as per the physician progress note dated 3/6/15, the injured worker complains of cervical, lumbar, thoracic, shoulder, hip, knee, hands/wrists, bilateral legs, and ankle pain. The pain was rated 8/10 on pain scale. The pain was rated 10/10 at its worst and 4/10 at its best. She also complained of associated symptoms of numbness and tingling. The objective findings revealed tenderness to the cervical area, shoulders, and arm, elbow, sacroiliac and buttocks areas. There was decreased cervical and lumbar range of motion. The pain medication was effective and made her feel like she could perform activities of daily living (ADL) easier. The urine drug screen dated 9/8/14 was consistent with medications prescribed. The physician requested treatment included Tramadol tab 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol tab 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113, 75, 80-84, 78-79, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance for previous use of tramadol. Therefore, the prescription of Tramadol 50mg Qty: 120 is not medically necessary.