

Case Number:	CM15-0068353		
Date Assigned:	04/16/2015	Date of Injury:	12/11/1991
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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

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 62-year-old female, with a reported date of injury of 12/11/1991. The diagnoses include neck pain, cervical postlaminectomy syndrome, cervical intervertebral disc disorder with myelopathy, and degeneration of the cervical intervertebral disc. Treatments to date have included oral medications, physical therapy, acupuncture, epidural injections, an MRI of the neck, cervical fusion at C5-6, and a transcutaneous electrical nerve stimulation (TENS) unit. The progress report dated 02/11/2015 indicates that the injured worker complained of severe neck pain with left upper extremity numbness, tingling, and weakness. It was noted that on a good day, she rated her pain 5 out of 10, and on a bad day, the pain was rated 8 out of 10. Her pain was rated 9 out of 10 without medications and 4 out of 10 with medications. Her current pain rating was 4.5 out of 10. It was noted that the prescribed medications were keeping the injured worker functional, allowed for increased mobility, and tolerance of activities of daily living, and home exercises. The physical examination of the cervical spine showed tenderness to palpation at C6-7, a normal posture, bilateral cervical spasm, decreased left upper extremity strength, and decreased sensation to pinprick, and decreased sensation to light touch. The treating physician requested Ultram 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg oral tabs 1 by mouth every 8 hours #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Tramadol Page(s): 88-89,76-78,113.

Decision rationale: The patient presents with severe neck pain with left upper extremity numbness, tingling, and weakness. She rates her pain 4/10 with medication and 10/10 without, per 03/11/15 report. The request is for ULTRAM 50MG ORAL TABS 1 BY MOUTH EVERY 8 HOURS #90. The provided RFA is dated 03/06/15 and the patient's date of injury is 12/11/91. The diagnoses include neck pain, cervical post laminectomy syndrome, cervical intervertebral disc disorder with myelopathy, and degeneration of the cervical intervertebral disc. Treatments to date have included oral medications, physical therapy, acupuncture, epidural injections, an MRI of the neck, cervical fusion at C5-6, and a transcutaneous electrical nerve stimulation (TENS) unit. Per 03/11/15 report, treater states, "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises. No side effects are associated with these." Current medications include Ultram, Norco, Soma, Halcion, Amitriptyline, Estradiol, Xanax, Simvastatin, and Famotidine. The patient is permanent and stationary and retired. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for 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. MTUS Guidelines 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 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. Ultram was prescribed to the patient per treater reports dated 01/13/15, 02/11/15 and 03/11/15. Per 03/11/15 report, treater states, "Medications prescribed are medically necessary as they provide analgesia; help the patient perform valued ADL's. Improve effect and overall quality of life without intolerable side effects. No signs of aberrant behavior or abuse." Cures report was reviewed and is "current and concordant" and the UDS performed on 01/15/15 was consistent with medication regimen. The use of opiates requires detailed documentation regarding pain and function as required by MTUS. In this case, the 4A's are all addressed including adverse reactions, aberrant behavior, analgesia, and ADL's. There is discussion regarding opioid pain agreement, and Cures. MTUS requires appropriate discussions of the 4A's. For future reference, MTUS requires "specific ADL's". In this case, the provider has discussed all 4 A's as required by guidelines and therefore, the request for Ultram IS medically necessary.