

Case Number:	CM15-0076411		
Date Assigned:	04/28/2015	Date of Injury:	06/13/2012
Decision Date:	05/28/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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:

This 38 year old female sustained an industrial injury on 6/13/12. She subsequently reported upper back and shoulder pain. Diagnoses include cervical radiculitis. Treatments to date have included x-ray and MRI studies, injections, physical therapy and prescription pain medications. The injured worker continues to experience neck and bilateral upper extremity pain. Upon examination, there was mild pain to palpation in the cervical musculature and decreased range of motion of the cervical spine. A request for Tramadol medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, 1 tab po bid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: The patient presents with neck and bilateral upper extremity pain. The request is for Tramadol 50mg, 1 tab po bid. The provided RFA is dated 03/25/15 and the patient's date of injury is 06/13/12. The diagnoses include cervical radiculitis. Treatments to date have included x-ray and MRI studies, injections, physical therapy and prescription pain medications. Current medications include Tramadol, Cymbalta and Lyrica. The patient is temporarily totally disabled. 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. Per 03/23/15 report, treater states, "She has completely stopped all of her medications since the injection." Treater prescribed Tramadol for "breakthrough pain" at least since 09/08/14, per provided medical reports. The use of opiates require detailed documentation regarding pain and function, per MTUS. Treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.