

Case Number:	CM15-0076645		
Date Assigned:	04/28/2015	Date of Injury:	01/31/2003
Decision Date:	06/29/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/22/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 47-year-old female patient, with a reported date of injury of 01/31/2003. The diagnoses include discogenic cervical condition with two-level disc disease, right shoulder impingement, and cervicogenic headaches. Per the doctor's note dated 04/01/2015, she had complaints of neck pain and pain in both of her shoulders; stiffness and quite a bit of muscle spasms. She was taking medications to be functional. She was not working, and did limited chores around the house and took breaks as needed. The physical examination revealed tenderness along the cervical paraspinal muscles and trapezius bilaterally, pain along the facets, pain with facet loading, and slightly diminished range of motion due to pain and stiffness. The medications list includes Tylenol#4, tramadol ER, gabapentin, flexeril and prilosec. She has had cervical MRI, right shoulder MRIs and EMG/NCS of upper extremities. She has undergone right shoulder surgery. The treating physician requested Tylenol #4 tablets #120, Tramadol 100mg #30 (date of service: 04/01/2015), Tylenol #4 #120 for the next visit on 05/06/2015), and Tramadol 100mg #30 for the next visit on 05/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 Tabs for Next Visit (5/6/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: Tylenol#4 contains acetaminophen and codeine. Codeine is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals."The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regard to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. Response to antidepressants, anticonvulsant and other lower potency opioids like tramadol or tapentadol for chronic pain is not specified in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. Tylenol #4 Tabs for Next Visit (5/6/15) is not medically necessary for this patient.

Tramadol 100 MG Tabs for Next Visit (5/6/15): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics, Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, 'A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain."Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided she had chronic shoulder and neck pain with history of right shoulder surgery. She is noted to have significant objective evidence of abnormalities on physical exam- tenderness stiffness and limited range of motion. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 100 MG Tabs for Next Visit (5/6/15) is medically appropriate and necessary to use as prn during acute exacerbations.

Tylenol #4 Tabs Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: Tylenol#4 contains acetaminophen and codeine. Codeine is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals."The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. Response to antidepressants, anticonvulsant and other lower potency opioids like tramadol or tapentadol for chronic pain is not specified in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. Tylenol #4 Tabs Qty 120 is not medically necessary for this patient.

Retro DOS 4/1/15 Tramadol 100 MG Tabs Qty 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics, Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain."Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided she had chronic shoulder and neck pain with history of right shoulder surgery. She is noted to have significant objective evidence of abnormalities on physical exam- tenderness stiffness and

limited range of motion. There was objective evidence of conditions that could cause chronic pain with episodic exacerbations. The request for Retro DOS 4/1/15 Tramadol 100 MG Tabs Qty 30 was medically appropriate and necessary to use as prn during acute exacerbations.