

Case Number:	CM15-0095995		
Date Assigned:	05/22/2015	Date of Injury:	11/09/2006
Decision Date:	06/24/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/19/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 44-year-old, male who sustained a work related injury on 11/9/06. The diagnoses have included lumbar degenerative disc disease, cervical and lumbar disc protrusions, cervical spinal stenosis, status post right shoulder surgery, lumbar radiculopathy, cervical radiculopathy, supraspinatus tendon tear right shoulder and bilateral carpal tunnel syndrome. Treatments have included medications, home exercises, right shoulder surgery 5/3/07 and chiropractic treatments. In the Primary Treating Physician's Comprehensive Orthopedic Evaluation and Request for Authorization dated 4/29/15, the injured worker complains of constant, achy and stabbing cervical spine pain. He rates this pain level a 10/10. He complains of constant, achy and stabbing lumbar spine pain. He rates this pain level a 10/10. He complains of his coccyx hurting. He complains of achy and sharp right shoulder pain. He rates this pain level a 10/10. He complains of achy and sharp right wrist, hand and thumb pain with numbness. He rates this pain level a 10/10. He has right leg pain that he rates the pain level a 10/10. When the injured worker was asked to move different parts of body, he did not move anything. When the physician attempted to touch any part of his body, the injured worker cried out in pain. It was very difficult to assess range of motion. The treatment plan includes a refill of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram ½).

Decision rationale: Tramadol is classified as a central acting synthetic opioid. MTUS states regarding tramadol "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." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. MTUS states "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Weaning has been recommended in the past. As such, the request for 1 prescription of Tramadol 50mg #30 with 2 refills is not medically necessary.