MAXIMUS Federal Services

Case Number:	CM15-0097467		
Date Assigned:	05/28/2015	Date of Injury:	05/12/2004
Decision Date:	06/26/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/20/2015

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 was a 60-year-old female, who sustained an industrial injury, May 12, 2004. The injured worker previously received the following treatments Propox, Napsylate, Carisoprodol, Etodolac, Lodine, Xanax and Prozac, Celebrex, Penicillin, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper and lower extremities, random toxicology laboratory studies, Norco, Cyclobenzaprine and Ultram. The injured worker was diagnosed with status post anterior cervical discectomy and fusion at C5-C6 and C6-C7 on March 20, 2008, mild lumbar spondylosis, cervical radiculopathy and cervical discopathy with disc displacement, bilateral shoulder impingement syndrome, lumbar disc bulge, lumbar strain/sprain and chronic pain disorder. According to progress note of March 23, 2015, the injured workers chief complaint was complaint of left shoulder pain radiating to the left upper trapezius muscle, as well as, left paraspinal muscle and cervical spine pain. The cervical spine pain also radiates up into occiput causing headaches. The complaint of right shoulder pain was radiating down into the right arm. The shoulder pain was aggravated by any sort of overhead movement and lifting. The injured worker rated pain decreased from 10 out of 10 to 2 out of 10 with Fexmid. The pain was 9 out of 10 and 7-8 out of 10 after taking Ultram and from 9 out of 10 to 6 out of 10 after taking Anaprox. The physical exam noted cervical spine reveals positive tenderness over the cervical paraspinal musculature. There was decreased range of motion secondary to pain and stiffness. The Spurling's sign was positive bilaterally. The bilateral shoulders revealed positive acromioclavicular joint tenderness, Neer's, O'Brien's and Hawkin's tests were positive. The treatment plan included a prescription of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Tramadol HCL 150mg, #90 is not medically necessary and appropriate.