

Case Number:	CM15-0099997		
Date Assigned:	06/02/2015	Date of Injury:	06/04/2013
Decision Date:	06/30/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female with an industrial injury dated 06/04/2013 resulting in a neck, right wrist and back injury. Her diagnoses included cervical radiculopathy, lumbar radiculitis, right carpal tunnel syndrome and status post anterior cervical discectomy and fusion. Prior treatments included modified activity, medication, splinting, chiropractic treatment, physical therapy and a cervical epidural steroid injection. She presents on 04/13/2015 with complaints of discomfort in her neck and right upper extremity as well as lumbar pain with some radicular symptoms. She had mild aching and weakness in the right wrist and hand, which was being treated with medications and splinting. The treating physician documents all her symptoms have stabilized to some degree with use of medications and therapy. Physical exam noted modest persistent tenderness over the carpal tunnel. There was minimal tenderness over the cubital tunnel on the right side. There was only mild tenderness in the cervical region and moderate mid paralumbar tenderness that extended into the right sciatic notch. There were no sensory deficits in the lower extremities. The plan of treatment is for Flexeril and Tramadol ER. Urine drug screen dated 12/15/2014 lists medications as Alprazolam, Ultram, Zolpidem and Neurontin. Results were positive for Ultram. Alprazolam was not detected. The request is for Tramadol ER 150 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Tramadol Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of compliance of the patient with her medications as per UDS. Therefore, the prescription of Tramadol ER 150mg #60 is not medically necessary.