

Case Number:	CM13-0045750		
Date Assigned:	06/20/2014	Date of Injury:	02/21/2012
Decision Date:	08/14/2014	UR Denial Date:	11/02/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old female who reported an injury on 02/21/2012. The mechanism of injury was a motor vehicle accident, which caused a whiplash injury. The injured worker complained of headaches, and pain to her neck, upper/mid back, and low back. On 12/04/2013, the physical exam revealed limited range of motion of the cervical spine at extension, tilt to the right side, and rotation bilaterally. She had slight paraspinal musculature tenderness. There was normal range of motion throughout the lumbar spine with no reported deficits. The injured worker had MRIs of the brain, cervical spine, and lumbar spine. The injured worker had diagnoses of chronic cervicothoracic musculoligamentous strain, and chronic lumbar spine musculoligamentous strain. The injured worker was taking anti-inflammatory medications occasionally, but is not on any specific regimen of medications. The past treatment methods included a home exercise program and chiropractic therapy. The clinical note dated 10/15/2013 noted the injured worker presented with persistent neck pain and low back pain which were aggravated with usual activities. The physician submitted the request in hopes that the pharmacological agents would aid the injured worker in symptomatic relief. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tramadol ER 150mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The injured worker has a history of pain to her neck, cervical spine and lumbar spine. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors, and adverse side effects. The 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. The requesting physician did not provide current documentation, including an adequate and complete assessment to include functional benefits, side effects, a complete pain assessment, and aberrant behavior. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the above, the request for 90 tramadol ER 150 mg is not medically necessary.