

Case Number:	CM13-0054882		
Date Assigned:	12/30/2013	Date of Injury:	10/20/1999
Decision Date:	04/25/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine, and is licensed to practice in California. 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 patient is a 52 year old male with a date of injury 10/20/1999. The most current primary treating physician's progress report, dated 10/22/2013, lists subjective complaints as persistent bilateral shoulder, neck and low back pain. He also complains of continual numbness and tingling in is bilateral upper and lower extremities. Objective findings: Patient has mild tenderness with palpation of the cervical paraspinals bilaterally. He has pain with facet loading of cervical spine bilaterally. Decreased range of motion of the cervical and lumbar spines. Motor and sensory intact. Diagnosis: 1. Cervical stenosis at C5-6 and C6-7 2. Right lumbar radiculopathy 3. Status post bilaterally carpal tunnel release 4. Status post bilateral ulnar nerve release 5. Status post left shoulder surgery 6. Severe GI pathology, including rectal bleeding. The medical record documents that the patient has been taking the following medications at least as far back as 1/31/2013. The patient asserts that the medications help decrease his pain by about 30%, and temporarily allows him to increase his walking distance by about 20 minutes.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 TRAMADOL ER 150MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 65th ed., www.RXList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online

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

Decision rationale: The medical records provided for review document that the patient has been taking Tramadol ER at least as far back as 1/31/2013. The medical record does document that the patient has received some pain relief from his regimen of medications. It is unknown however, which medication, or combination of medications is responsible for his perceived decrease in pain. In addition, there does not seem to be much improvement in the patient's functional abilities due to use of Tramadol. The request for Tramadol ER is therefore not medically necessary and appropriate, due to a lack of documented functional improvement and pain relief from use of the medication.