

Case Number:	CM13-0068356		
Date Assigned:	01/03/2014	Date of Injury:	05/30/2008
Decision Date:	07/31/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 37-year-old female who reported an injury on 05/30/2008 from a fall. The injured worker had a history of pain to the bilateral shoulders, upper back, lower back, and neck. The injured worker had a diagnosis of cervical disc protrusion at the C5-6, chronic lumbar back pain, bilateral shoulder sprain, bilateral knee strain, and left knee pain. The injured worker also had a history of chronic chest wall pain, chronic bilateral lower extremity radicular symptoms, and bilateral TMJ syndrome. The medications included Lyrica 50 mg and Tramadol 50 mg. The injured worker rated her pain at 8/10 using the VAS scale. Prior treatment included an MRI to the cervical spine dated 09/16/2008 which revealed C5, C7 disc protrusion, an MRI of the thoracic spine revealed normal findings and the MRI dated 08/01/2008 revealed a bilateral knee strain. Past treatments included physical therapy. The physical exam to the head/neck revealed flexion at 20 degrees, extension at 20 degrees, and rotation to the left at 80 degrees, and rotation to the right at 70 degrees. The physical exam to the right shoulder revealed abduction to 90 degrees, extension to 5 degrees, and flexion to 100 degrees. The requesting physician's rationale for the requested Ultram 50 mg was not provided within the medical records. The request for authorization was dated 09/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TRAMADOL 50MG, #120: 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 78 Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for the continued use of opioids. The MTUS Chronic Pain Guidelines note a pain assessment should be performed including current pain, the least reported pain over the period since last assessment, average pain, and 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 documentation indicates the injured worker has been prescribed Ultram since at least 12/21/2011. The documentation indicated that the injured worker had a rate of pain of 8/10 using the VAS. Per the clinical note dated 08/27/2013 the injured worker had an upset stomach with Tramadol. The documentation indicated that the injured worker was able to ambulate a half mile with medication and stand 3-5 minutes. The provider indicated without medication the injured worker is only able to do 50% of the things she can do with medication. The requesting physician did not provide an adequate and complete assessment of the injured worker's pain within the provided documentation. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary and appropriate.