MAXIMUS Federal Services

Case Number:	CM13-0069684		
Date Assigned:	01/03/2014	Date of Injury:	12/31/1996
Decision Date:	06/26/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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 and Rehabilitation, 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 44-year-old female who reported an injury on 12/31/1996. The medication history included opiates as of 2012. The documentation of 11/26/2013 revealed the injured worker had complaints of left shoulder pain and low back pain. The injured worker's pain without pain medications was 7/10 and with pain medications it was 3/10 to 5/10. The injured worker underwent a urine drug screen on 10/31/2013. The diagnoses included neck pain, chronic pain syndrome, myofascial syndrome, and neuropathic pain. The treatment plan included a urine drug screen, refill Butrans patch 10 mcg/hr, continue tramadol 50 mg two (2) by mouth every morning #60, refill Norco 10/325 mg one (1) by mouth every afternoon and half (½) to one (1) by mouth every at bedtime as needed #60, continue Pamelor 25 mg one (1) to two (2) by mouth at bedtime #60, continue Gaba Calm one (1) sublingual (SL) three (3) times a day as needed for anxiety #10, continue Medrox patches one (1) topically applied to the affected area every 12 hours for muscle pain and stiffness #30, continue Sintralyne PM two (2) by mouth at bedtime for insomnia, refill GabaKetoLido 6%/20%/6.15% cream 240 mg and return to clinic in three (3) weeks. The clinical documentation submitted for review in appeal for the denial of tramadol indicated the injured worker had little pain with tramadol and was able to sleep well at night and perform chores around the house during the day. The injured worker was able to care for her child and go to practice and to games.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS FOR CHRONIC PAIN, Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing; Page(s): 60; 78; 86.

Decision rationale: The MTUS Chronic Pain Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored aberrant drug behavior and side effects. The injured worker had been utilizing the medication since 2012. The clinical documentation submitted for review, indicated the injured worker had an objective increase in function and the injured worker was being monitored for aberrant drug behavior and side effects. It was indicated that the injured worker had little pain with the medication. However, there was a lack of documentation of an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg #60 is not medically necessary.