MAXIMUS Federal Services

Case Number:	CM13-0070392		
Date Assigned:	01/03/2014	Date of Injury:	06/29/2006
Decision Date:	06/13/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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 57 year old female injured worker with date of injury 6/29/06 with related constant neck pain and stiffness. She also has constant pain in her mid and low back. Per 12/4/13 progress report, she rates the severity of her pain as 7 to 8 without medication or therapy and a 5 with medications only. She reports lack of sleep. Physical examination of the cervical spine demonstrated tenderness to palpation associated with palpable muscular spasm over the right paraspinal area. The examination of the thoracolumar spine demonstrates tenderness to palpation over the facet joints associated with stiffness. She is diagnosed with cervical spine herniated nucleus pulposus; thoracic spine herniated nucleus pulposus; lumbar spine herniated nucleus pulposus; stress; and anxiety. She has been treated with physical therapy, epidural injections, and medication management. The documentation submitted for review did not include imaging studies. The date of UR decision was 12/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is indicated for moderate to severe pain. Regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "Are there reasonable alternatives to treatment, and have these been tried? Is the patient likely to improve? Is there likelihood of abuse or an adverse outcome?" The injured worker has been treated with physical therapy, cervical epidural injections, and has gotten some relief with an NSAID and Cyclobenzaprine. With these medications her pain has decreased from 7-8/10 to 5/10. As this still constitutes moderate pain, Tramadol is indicated. The documentation submitted for review indicates that this is a new trial of an opioid, and not the on-going use of one. The request is medically necessary.