

Case Number:	CM14-0003849		
Date Assigned:	02/03/2014	Date of Injury:	09/28/2012
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/10/2014

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 49 year old female who reported an injury on 09/28/2012. She reportedly backed up and fell over a child standing behind her, landed on her right shoulder, and hit her head and low back. The clinical note dated 10/03/2013 noted continuous pain in her shoulders, and a popping, clicking, and grinding sensation in the shoulder, as well as numbness and tingling. The injured worker also reported continuous lower back pain that was described as sharp, shooting, throbbing, burning, and stabbing pain that traveled to her legs, along with numbness and tingling. The physical exam reported range of motion values to the cervical spine that were 38 degrees flexion and 31 degrees extension. Upon palpation, paravertebral muscles were tender, and there were spasms present. The injured worker was diagnosed with a cervical spine strain, thoracic spine strain, and lumbar spine strain. The provider has requested Tramadol 50MG, #60. The request for authorization form is dated 01/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG, #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, OPIOIDS: CRITERIA FOR USE,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 84.

Decision rationale: The California MTUS guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months. There are no long-term studies to allow for recommendations for longer than three months. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker has been taking Tramadol since at least 10/2013, and the guidelines recommend that Tramadol be shown to produce symptom relief and improved function for a time period of up to three months; the request exceeds the guideline recommendations of a three month time period for the use of this medication. The documentation lacks evidence of this medication providing the desired effects for the injured worker. There was a lack of an adequate and complete pain assessment within the documentation. Therefore, the request is not medically necessary.