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| Case Number: | CM14-0006579 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 07/03/2006 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 12/30/2013 |
| Priority: | Standard | Application Received: | 01/17/2014 |

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 Family and is licensed to practice in Utah. 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 53 year-old female. The patient's date of injury is July 3, 2006. The mechanism of injury is reported as sitting at the desk typing on the computer. The patient has been diagnosed with sprain of the neck, disc degeneration, brachial neuritis, generalized anxiety and spasm of muscle. The patient's treatments have included a home exercise program, epidural procedures, medications, and imaging studies. The physical exam findings show that the patient is no acute distress. The cervical neck is noted with no abnormal curvature or obvious deformities. There is tenderness over the upper cervical facets noted with spasm noted in the trapezius, spine and scapula. There is a decreased reflex in the left triceps noted as well. Medications include, but are not limited to, Lyrica, Celexa, Wellbutrin and Naproxen. There is no clear documentation that the patient has used this medication previously and what the outcomes of this were.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL/APAP 37.5/325MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 74-81.

Decision rationale: The MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS guidelines state that this medication is recommended for the treatment of moderate to severe pain. It is not recommended as a first line medication for pain control. There is lack of documentation in the clinical notes that the patient has tried and failed first line medications. According to the clinical documentation provided and current MTUS guidelines; Tramadol/APAP 37.5/325MG #30, is not indicated as a medical necessity to the patient at this time.