

Case Number:	CM14-0100192		
Date Assigned:	07/28/2014	Date of Injury:	11/12/2009
Decision Date:	09/19/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 66-year-old female, who reported an injury 11/12/2009. The clinical note dated 06/06/2014 indicated diagnoses of history of lumbar fusion, chronic lumbar pain with radiculopathy, chronic cervical pain, bilateral shoulder tendinitis and rotator cuff tear, bilateral CMC arthritis with wrist tendinosis, carpal tunnel syndrome, right hip bursitis, right knee tendinosis, and history of TMJ syndrome. The injured worker reported she continued to take Anaprox without any reported side effects as well as tramadol, reported low back pain associated with lower extremity numbness, tingling, and weakness, neck pain and shoulder pain, with difficulty doing activities above shoulder level. The injured worker reported pain over both hands and wrists and the right knee and right hip. On physical examination, there was spasm and tenderness over the lower lumbar spine with decreased range of motion. The injured worker had a positive Phalen and Tinel's sign. The injured worker's treatment plan included continue with medications and follow up in 1 month. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regiment included tramadol, Anaprox, and Prilosec. The provider submitted a request for tramadol. The Request for Authorization was not submitted for review, to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for Tramadol #120 is non-certified. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of the risks for aberrant drug use behaviors and side effects. In addition, it was not indicated how long the injured worker had been utilizing tramadol. Moreover, the request does not indicate a frequency or dosage for the tramadol. Therefore, the request is non-certified.