

Case Number:	CM14-0106824		
Date Assigned:	07/30/2014	Date of Injury:	08/22/2007
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 53-year-old male who was reportedly injured on August 22, 2007. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note dated May 31, 2014, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity as well as neck pain radiating to the right shoulder. Medications were stated to control injured employees pain by 50%. The physical examination demonstrated decreased lumbar spine range of motion and right shoulder abduction limited to 100. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included medications, acupuncture, work modification, the use of a transcutaneous electrical nerve stimulation unit and physical therapy. A request was made for Tramadol/APAP and was not certified in the pre-authorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 32.5/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommends, "The use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication." A review of the available medical records failed to document any improvement in function or ability to perform activities of daily living with the previous use of tramadol/APAP. As such, this request for tramadol/APAP is not medically necessary.