

Case Number:	CM14-0011789		
Date Assigned:	02/21/2014	Date of Injury:	02/18/2004
Decision Date:	08/04/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational 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:

This is a 51-year-old female patient with 2/18/04 date of injury. The mechanism of injury was not provided. A 1/10/14 progress report indicated that the patient's condition got worse, and she complained of constant pain in the back of the neck, 8/10, which went down to 7/10 with Tramadol. She explained her pain as pins and needles sensation, and tingling. Overlying skin in the back of the neck was abnormally sensitive and hot, with numbness upon gentle rubbing and pressing. She had new a complaint with pain in the left side of her face, 6-8/10. There was also pain in the left elbow, forearm and both hands, 7/10. Objective findings demonstrated decreased range of motion in the cervical spine, and hands. She was diagnosed with carpal tunnel syndrome, hand strain, and cervical spine and hands neuropathic pain. Treatment to date: medication management. (Tramadol was started on 12/6/13). There is documentation of a previous 1/20/14 adverse determination, and modified to #120, based on the fact that the patient had severe multi-regional pain and was a candidate for a Tramadol trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 79-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient was complaining of pain in the back of the neck, and also new onset of face pain. There was documentation supporting effectiveness of Tramadol with pain relief. There was no indication of quantity of Tramadol in the proposed request. In addition, there was modification in a previous UR decision to Tramadol #120, in order to initiate a Tramadol trial. However, this request would need to specify a quantity of Tramadol in order to be substantiated. Therefore, the request for Tramadol 50mg, as submitted, was not medically necessary.