

Case Number:	CM14-0017420		
Date Assigned:	04/14/2014	Date of Injury:	06/30/2011
Decision Date:	05/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/11/2014

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 Medicine, 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 59 year-old female. Her date of injury is unclear, but close to 6/30/11. The exact mechanism of injury is also unclear according to the medical records submitted for review. The patient has been diagnosed with cervical radiculitis, cervical strain/sprain, bilateral carpal tunnel syndrome, impingement syndrome, lumbar radiculitis, and lumbar disc protrusions. The patient's treatments have included medications, imaging studies, and referrals to psychiatry. The physical exam findings show tenderness to direct palpation over the cervical spinous processes. Deep tendon reflexes are reported as normal (2/4). The patient is noted to have positive impingement and Hawkin's testing on the left side. Medications include, but are not limited to, Relafen and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL 150MG ER, DAYS SUPPLY 30, QUANTITY 30, MED 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

Decision rationale: This medication is not recommended for long-term use as an extended release medication. It is unclear, according to the clinical documents, what diagnosis is being treated with Tramadol. It is also unclear how the patient has been responding to the previous medication prescribed; there is a lack of documentation regarding if this medication is improving or controlling the patient's pain, or improving the patient's functionality. As such, the request is not medically necessary.