

Case Number:	CM14-0110379		
Date Assigned:	08/01/2014	Date of Injury:	04/19/2000
Decision Date:	09/03/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 78-year-old male who reported an injury on 04/19/2000. The injury reported was when the injured worker's chair flipped over and he fell backwards. The diagnoses included chronic axial neck pain, left trapezial pain, and cervical spondylosis with disc degeneration. The previous treatments included injections, epidural steroid injections, chiropractic treatment, and acupuncture. Diagnostic studies included x-rays and MRIs. Within the clinical note dated 06/06/2014, it was reported the injured worker complained of neck pain and ongoing bilateral trapezial pain. Upon physical examination of the cervical spine, the provider noted the injured worker had no pain upon palpation of the cervical paraspinal and trapezial musculature. The range of motion was flexion at 50 degrees and extension at 60 degrees. The injured worker had a negative Spurling's test and a negative Tinel's of the wrist and elbows. The provider noted the motor exam of the upper extremity revealed strength of 5/5. It was noted the injured worker had no tenderness to palpation of the lumbar spine. The request submitted is for tramadol. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for Tramadol 50 mg #60 is not medically necessary. The injured worker complained of neck pain and ongoing bilateral trapezial pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of urine drug screen or impingement treatment with issues of abuse, addiction, or poor pain control. There is a lack of significant objective findings warranting the medical necessity of the request. The request as submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. The injured worker has been utilizing the medication since at least 12/2013. Therefore, the request is not medically necessary.