

Case Number:	CM14-0123111		
Date Assigned:	08/08/2014	Date of Injury:	02/08/2012
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 52-year-old female with a 2/8/12 date of injury. At the time of the Decision (7/14/14) there was an authorization for Tramadol ER 150mg #90 Body Parts: Lumbar Spine, Left Shoulder, and Bilateral Wrists, there is documentation of subjective (sharp pain of cervical spine radiating to the upper extremities and headaches) and objective (paravertebral muscle tenderness with spasm and limited range of motion). Findings of current diagnoses and treatment to date are cervicgia and brachial neuritis and acupuncture treatment. There is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and Tramadol used as a second-line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #90 Body Parts: Lumbar Spine, Left Shoulder, and Bilateral Wrists:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80;113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects, and as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs) as criteria necessary to support the medical necessity of Tramadol. There is documentation of the diagnosis of paravertebral muscle tenderness with spasm and limited range of motion. In addition, there is no documentation that Tramadol is used as a second line treatment. It is based on guidelines and a review of the evidence that the request for Tramadol ER 150mg #90 Body Parts: Lumbar Spine, Left Shoulder, and Bilateral Wrists are not medically necessary.