

Case Number:	CM14-0130258		
Date Assigned:	08/22/2014	Date of Injury:	07/27/1993
Decision Date:	10/16/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/14/2014

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 records presented for review indicate that this 72 year-old female was reportedly injured on 7/27/1993. The most recent progress note, dated 9/4/2014, indicates that there were ongoing complaints of neck pain, shoulder pain, and headache. The physical examination demonstrated cervical spine: restricted range of motion in all planes due to pain. Paravertebral muscles, hypertonicity, spasm, tight muscle bound, and tenderness is noted bilaterally. Positive tenderness to palpation at the paracervical muscles, rhomboids, and trapezius. Spurling's maneuver causes pain in the muscles of the neck without radicular symptoms. Positive cervical facet tenderness over C2-3 bilaterally left more than right. Bilateral shoulders pain at in a range of motion. Motor examination limited by pain. Sensory exam: decreased sensation to light touch over thumb, index, and little finger bilaterally. No recent diagnostic studies were available for review. Previous treatment includes medications and conservative treatment. A request had been made for Tramadol 50 mg and was not certified in the pre-authorization process on 7/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride Tablets 50mg: Upheld

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

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

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is 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 fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.