

Case Number:	CM14-0132261		
Date Assigned:	08/22/2014	Date of Injury:	07/11/2013
Decision Date:	10/01/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/18/2014

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 injured worker is a 60 year-old female who was reportedly injured on 7/11/2013. The mechanism of injury is noted as lifting/transferring a patient. The most recent progress note dated 8/6/2014, indicates that there are ongoing complaints of neck, shoulder and low back pain with radiation to the legs. Physical examination demonstrated tenderness over cervical/lumbar paraspinal musculature with normal range motion; motor strength 5/5 in upper/lower extremities; sensation intact and reflexes 2+ in upper/lower extremities; negative straight leg raise; negative Waddell tests. Magnetic resonance image (MRI) of the lumbar spine dated 6/27/2014 demonstrated moderate foraminal narrowing, facet arthropathy and severe degenerative disk disease at L5/S1 with 3 mm of retrolisthesis; moderate to severe canal stenosis, severe lateral recess and moderate foraminal narrowing, facet arthropathy and moderate degenerative disk disease at L4/5 with 5 mm anterolisthesis; 2 mm disk bulge and mild canal stenosis at L3/4; 2 mm disk bulge at L2/3; mild chronic anterior T12 wedging with 20% loss of height. Plain radiographs of the left shoulder dated 10/20/2013 demonstrated calcification or ossification of the coracoclavicular ligament. Diagnosis: cervical and lumbar radiculitis and bilateral shoulder impingement syndrome. Previous treatment includes physical therapy, acupuncture, chiropractic treatment, shoulder injections and medications to include Naproxen, Omeprazole, Tramadol, Tizanidine, topical analgesics and anti-inflammatories. A request had been made for Tramadol 50mg #90, which was not certified in the utilization review on 7/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, QTY: 90: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule treatment 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. Given the clinical presentation and lack of documentation of functional improvement with Tramadol, the request for Tramadol 50mg is not medically necessary.