

Case Number:	CM14-0135507		
Date Assigned:	08/29/2014	Date of Injury:	03/18/2014
Decision Date:	09/26/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/21/2014

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 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:

The injured worker is a 56 year old male who reported an injury after he missed a step on a ladder and fell on 03/18/2014. The clinical note dated 08/11/2014 indicated diagnoses of cervical spine, rule out disc herniation; history of cervical fracture, location unknown; lumbosacral strain with history of compression fracture, rule out radiculopathy; bilateral shoulder strain, rule out internal derangement and rule out rotator cuff syndrome; and right knee strain, rule out meniscal injury. The injured worker reported persistent pain in the neck, mid back, low back, both shoulders, and both hips rated 8/10 and right wrist rated 6/10. The injured worker reported he took Tramadol on an as needed basis that helped him with pain from 8/10 to 5/10 and allowed him to do more activities of daily living around the house. The injured worker reported the pain was made better with therapy, medications, chiropractic therapy, massage, and heat. The injured worker reported the pain was worse with sitting and lifting. The injured worker was not working. On physical examination of the cervical spine, there was decreased range of motion with crepitus and palpable muscular hypertonicity and tenderness. There was decreased sensation in the right anterior lateral arm and forearm with decreased grip strength in the right upper extremity. On examination of the bilateral shoulders, there was decreased range of motion that was considered moderate. There was a positive impingement sign on the right with positive rotator cuff syndrome on the right. The injured worker had lumbosacral pain and decreased range of motion in the right anterolateral thigh with decreased sensation over the thigh and dorsal foot. The injured worker had a positive straight leg raise test on the right with moderate loss of range of motion in all planes of the lumbar spine. The examination of the right knee revealed slight loss of range of motion with a positive McMurray's sign. The injured worker's treatment plan included Kera-Tek analgesic. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen was not

provided for review. The provider submitted a request for tramadol. A Request for Authorization dated 07/21/2014 was submitted for Tramadol; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120, take 1-2 tabs po q6-8 hr as needed for pain, No Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain: Opioids-Tramadol (Ultram) Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, page Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicated how long the injured worker had been utilizing the Tramadol. Furthermore, it was not indicated the injured worker has signed an opiate agreement. Therefore, the request for Tramadol is not medically necessary.