MAXIMUS Federal Services

Case Number:	CM14-0150075		
Date Assigned:	09/18/2014	Date of Injury:	08/19/2013
Decision Date:	10/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 35 year old female with an injury date of 08/19/13. Per the 08/09/14 report by [redacted], the patient presents with constant aching burning pain in the bilateral buttocks with shooting pain to both knees and both ankles as well as up to the midline lumbar region rated 8-10/10. The patient experiences tingling in all 10 toes if she stands for several minutes. The patient states most pain is in her back. The patient also presents with left shoulder rated 8-9/10, constant aching pain in the bilateral paracervical muscles along with the left shoulder, left arm and fingers. Pain is rated 6-10/10. The treater notes the patient is not working until 07/21/14. Examination reveals limited range of motion of the neck and pain with pressure of the facet processes bilaterally. Spasm is palpable in the superior and middle trapezius and rhomboid muscles. The patient's diagnosis is sprain of neck. The patient reports she is taking the following medications, Advil and Gabapentin. The utilization review being challenged is dated 08/27/14. Treatment reports from 03/12/14 to 09/08/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, 1 tab q 6 hrs #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Medications for chronic pain Page(s): 80,81, 60,61.

Decision rationale: The patient presents with pain in the bilateral buttocks radiating to both knees and ankles as well as the midline lumbar region. Most pain is in the back and she experiences tingling in all toes after prolonged standing. The treater requests for Tramadol 50 mg 1 tab q 6 hrs #30. The treater notes on 08/19/14 that Mobic (an NSAID) did not help the patient and there will be a trial of Tramadol. On the same report it is noted the patient declined to take opioids. This medication does not appear on prior treatment reports. MTUS pages 80, 81 state that opioids appear to be efficacious but limited for short-term pain relief. In this case the treater states the medication to be an alternative to an ineffective NSAID and there is no history of long term opiate use. MTUS page 60 states, "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." The treater documents pain assessment with numerical scales and discusses baseline ADL's in detail on 08/09/14 regarding personally hygiene, communication, physical activity, travel, and sleep. The request is not medically necessary.