

Case Number:	CM14-0150492		
Date Assigned:	09/18/2014	Date of Injury:	06/23/2010
Decision Date:	10/17/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 55 year old female who sustained an injury on 6-23-10. She was injured her right foot got caught in a leash. Her current diagnosis is chronic pain syndrome, cervical spondylosis and muscle spasms. The claimant is status post arthroscopic surgery performed d in February 2011 without relief. Office visit from 9-15-14 notes the claimant is happy with the results she obtained from the RFA she received in June. She also benefited from acupuncture treatment. She reports right sided neck pain rated as 3/10. It sometimes goes up as high as 8/10. She reports right shoulder pain which is not painful at this time. She uses Tramadol and Flexeril on a prn basis. Some days she does not use Flexeril and she uses one Ultracet per day if needed. She is currently attending physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Acetaminophen 37.5-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate for the treatment of moderate to severe pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Tramadol

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. She takes medications prn and her current pain was rated as 3/10 noting no right shoulder pain currently and only some right sided neck pain. There is an absence in documentation noting the claimant has failed first line of treatment or that she requires opioids at this juncture. Therefore, the medical necessity of this request is not established.