

Case Number:	CM14-0164405		
Date Assigned:	10/09/2014	Date of Injury:	05/03/2001
Decision Date:	11/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Medicine, and is licensed to practice in Arizona. 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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 55 year old female with a date of injury on 5/3/2001. Subjective complaints are of increasing hand pain, as well as back and neck pain, nausea, insomnia, headaches, upset stomach, bladder problems and depression. Physical exam show lumbar and sacroiliac tenderness. There is lumbar and cervical decreased range of motion. The bilateral hands had decreased grip strength and positive Tinel's sign. Diagnoses include chronic pain syndrome, lumbar radiculitis, lumbar disc disease, carpal tunnel syndrome, cervical radiculopathy, dysthymic disorder, and trigger finger. Medications include tramadol, gabapentin, hydrocodone/apap, sertraline, and docusate sodium. Pain is rated 7/10 without medication and 5/10 with medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy.

Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including risk assessment, urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.