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| Case Number: | CM14-0174024 | | |
| Date Assigned: | 10/27/2014 | Date of Injury: | 03/28/2008 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 09/25/2014 |
| Priority: | Standard | Application Received: | 10/22/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 56-year-old female with a 3/28/08 date of injury. The patient was seen on 10/10/14 with complaints of neck pain radiating into bilateral upper extremities, low back pain radiating into bilateral lower extremities, left elbow pain, bilateral shoulders pain and headaches. The patient rated her pain 8/10 without medications, 6/10 with medications and stated that the pain worsened since her last visit. Exam findings of the cervical spine revealed spasm and tenderness to palpation in paraspinals, decreased sensation and strength in the bilateral upper extremities and decreased grip strength bilaterally. The examination of the lumbar spine revealed spasm and tenderness over the paraspinals, limited range of motion and positive straight leg raising test in seated position at 50 degrees. The patient reported 60% improvement due to her therapy and stated that she was able to perform her daily activities due to the therapy. The patient has been noted to be on Tramadol and Gabapentin. The diagnosis is cervical disc degeneration, radiculopathy and spinal stenosis; lumbar radiculopathy and spinal stenosis, myofascial syndrome, status post left shoulder surgery and depression. Treatment to date: left shoulder surgeries, work restrictions, physical therapy, home exercise program, and medications. An adverse determination was received on 9/25/14 given that weaning was recommended on 4/30/14 and for lack of decrease in pain and increase in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Tramadol 50mg , #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: : When to Discontinue Opioids; When to continue Opioids;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2008 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit due to Tramadol and the recent urine drug screen test was not available for the review. In addition, the reviewer's notes indicated that the patient was recommended to wean off of Tramadol on 4/30/14 and there is a lack of documentation that the patient started the weaning process. Therefore, the request for 1 prescription for Tramadol 50mg, #90 is not medically necessary.