

Case Number:	CM14-0177759		
Date Assigned:	10/31/2014	Date of Injury:	09/23/2003
Decision Date:	12/24/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 64 year old female old who had a work injury dated 9/23/03. The diagnoses include status post cervical fusion in 1997; chronic pain syndrome, cervical spondylosis; degeneration of the cervical intervertebral disc. Under consideration are requests for Tramadol 50mg #90. There is a 10/8/14 progress note that states that the patient has mild to moderate cervical pain with decreased neck range of motion to the right. There is occipital tenderness on exam, positive right facet loading and difficulty with raising the third and fourth digits on the right above the plane. She underwent on 9/22/14 a radiofrequency lesioning of left C2-3 with 90% of left sided neck pain. She continues to have right sided neck pain of 7/10. The left side is 1/10. Her current medications include Norco. The documentation states that the patient is able to do more housekeeping, grocery shopping, taking short hikes. Her narcotic usage decreased and Norco is used from 0-1 tablet a day. The pain is better, function is the same, and sleep is better. Usual pain level is 3/10. The treatment plan states that Norco will be discontinued and Tramadol started. Her Norco count revealed she had #32 left and is to fill the Tramadol script when Norco runs out. She was to follow up in 2 months. The document dated 10/23/14 states that the patient continues to use her Norco and never filled Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Tramadol 50mg #90 is not medically necessary per the MTUS Guidelines. It is not clear why the patient is being switched from Norco to Tramadol. The document dated 10/23/14 states that the patient continues to use her Norco and never filled Tramadol. The documentation indicates that the medication is for up to 3 tablets per day. Currently patient was taking Norco 0-1 time daily and had 32 pills left of Norco at the 10/8/14 office visit. Ninety pills of Tramadol are not necessary in this case as the patient still has 32 pills of Norco left and only use 0-1 per day. The request for Tramadol 50mg #90 is not medically necessary.