

Case Number:	CM14-0182135		
Date Assigned:	11/07/2014	Date of Injury:	04/23/2004
Decision Date:	12/11/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Medicine and is licensed to practice in Utah. 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 73 year-old male. The patient's date of injury is 4/23/2004. The patient has been diagnosed with cervical muscle sprain/strain, multilevel cervical degenerative disc disease, Right carpal tunnel syndrome, Lumbar DJD, possible early lower extremity peripheral neuropathy, left upper extremity atrophy. The patient's treatments have included previous surgeries, nerve conduction studies, imaging studies, and medications. The physical exam findings dated February 7, 2011 states he is no acute distress. There is some tenderness over the left lateral neck, pain with side bending and rotation of the neck. The Reflexes are noted as 1plus and equal. The motor exam is reported as no gross loss. Wrist exam has no tenderness. The back exam had some tenderness over the palpation. The patient's medications have included, but are not limited to, Ambien, Cyclobenzaprine, Voltaren, Prilosec and Tramadol. The request is for Tramadol. According to the clinical documents, there is of documentation of functional improvement and improved pain while on this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 93-94, 74-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, there is of documentation of functional improvement and improved pain while on this medication. According to the clinical documentation provided and current MTUS guidelines; Tramadol, as written above, is indicated a medical necessity to the patient at this time.