

Case Number:	CM14-0192228		
Date Assigned:	11/25/2014	Date of Injury:	01/21/2003
Decision Date:	01/12/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/17/2014

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 Ohio. 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 injured worker is a 60-year-old female with a reported date of injury of January 21, 2003. She developed neck pain which radiated to the arms, low back pain, right knee pain, and bilateral wrist pain as a consequence of being involved in numerous work-related motor vehicle accidents. The diagnoses include cervical spinal stenosis, multilevel cervical disc disease, tendinosis and a labral tear of the right shoulder, carpal tunnel syndrome, osteoarthritis of the knees, and a discogenic lumbar condition. She has in the past had bilateral knee arthroscopies and a right carpal tunnel release surgery. Her medications have included anti-inflammatories such as Naprosyn and Motrin, Flexeril, and opioids. She was previously on Norco which improved her pain 50% later changed to Tramadol ER as a consequence of the nausea. She had been taking Tramadol ER 150 mg daily for over a year but the frequency was increased to twice daily on October 8, 2014. In addition to the neck pain she complains of bilateral knee pain, bilateral shoulder pain, and low back pain. The physical examination has revealed diminished right knee range of motion with tenderness to palpation of the medial and lateral joint line. There is diminished cervical range of motion with tenderness to palpation of the paraspinal musculature of the neck. There is diminished sensation of the C5 and C6 dermatomes on the right. The right shoulder reveals diminished range of motion with positive impingement signs. She has recently been considered for facet joint injections to the cervical and lumbar spine. At issue is a request for Tramadol ER 150 mg twice daily, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 93-94, 94-95,113.

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

Decision rationale: Those prescribed opioids for chronic pain require ongoing assessment for pain relief, functionality, medication side effects, and aberrant drug taking behavior. Opioids generally may be continued if the injured worker has regained employment and/or there are improvements in pain and functionality as a consequence. In this instance, notes from the treating providers do not provide evidence of pain relief or improvements in functionality as a result of treatment with Tramadol. Additionally, there is no evidence of monitoring for aberrant drug taking behavior via urine drug testing for pharmacy database interrogation. Consequently, Tramadol ER 150mg QTY: 60 are not medically necessary based upon the documentation provided for review.