

Case Number:	CM14-0021427		
Date Assigned:	05/05/2014	Date of Injury:	10/09/2012
Decision Date:	07/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports 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 injured worker is a 53 year old male who sustained an injury on October 9, 2012 when he was involved in a motor vehicle accident and was rear ended. The injured worker developed complaints of pain in the neck and low back. The injured worker had been treated previously with chiropractic therapy. The injured worker was also being followed by a psychologist for depression and anxiety associated with the chronic neck and low back pain. The injured worker was being followed by [REDACTED] for pain management. Medications have included the use of Naproxen 550mg, Omeprazole 20mg, and Tramadol 50mg 3 times daily for breakthrough pain. As of January 16, 2014, the injured worker continued to report pain in the neck and low back more severe in the neck at 8/10 on the visual analog scale. The injured worker categorized his pain in the low back as 2/10. Physical examination noted extremely limited range of motion in the cervical spine partly secondary to a hemangioma. Pain was noted with range of motion of the cervical spine. The injured worker was seen for a pain management consultation on February 14, 2014. The injured worker reported that previous physical therapy had not been beneficial. Prior treatment did include radiofrequency ablation procedures as well as injections; however, dates were not specified. On physical examination, the injured worker had noted pain with flexion and extension. Range of motion was within normal limits. There was tenderness to palpation rather severe at C6-7. There were also trigger points noted throughout the cervical spine from C4 to T1. No motor weakness was identified and sensory exam was within normal limits. The injured workers reflexes were 2+ and symmetric. The injured worker was started on Gabadone at this evaluation as well as Trepadone. Naprosyn and Tramadol were discontinued. The requested Tramadol 50mg, quantity 270 was denied by utilization review on February 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker was continuing to utilize Tramadol as a breakthrough pain medication for ongoing chronic neck pain. The clinical reports from ██████████ did not specifically identify any ongoing functional benefit obtained with the use of Tramadol. Per ██████████ pain management evaluation on February 14, 2014, Tramadol was discontinued due to side effects and lack of benefit. Given the absence of any clear functional benefit or pain reduction obtained with the use of Tramadol, the request for Tramadol 50 mg #270 is not medically necessary.