

Case Number:	CM14-0023717		
Date Assigned:	06/11/2014	Date of Injury:	10/31/2007
Decision Date:	07/18/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/25/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 55 year old female who reported an injury on 10/31/2007 with no known mechanism. The document submitted for review was lacking information. The physical examination note submitted for review was dated on 01/22/2014 and was hand written and illegible. Diagnoses for the injured worker were cubital tunnel syndrome, cervical radiculopathy, cervical sprain, complete rupture of rotator cuff. Diagnostic studies, progress notes, physical therapy reports, drug screens and detailed examination of the injured worker were not submitted for review. Medications were Ultracet 37.5/325mg one at bedtime, Ultram 50mg one at bedtime, Neurontin 300mg one at bedtime, Neurontin 600mg one am, Colace 100mg twice a day, and Fentanyl patch 12mcg/hr., Norco 10/325mg one twice a day, omeprazole 20mg one twice a day. Past treatments also were not submitted for review. The current treatment for the injured worker was to prescribe Tramadol 50mg one at bedtime quantity 30 with six refills. The rationale was not submitted and the authorization form was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG #30, ONE PO Q HS WITH SIX (6) REFILLS: Upheld

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

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

Decision rationale: The request for Tramadol 50 mg at bedtime quantity 30 with six refills is non-certified. This medication is considered an opioid which needs to be followed with documentation of pain relief and pain levels (VAS scale). Also documentation of failed NSAID's, physical functioning, adverse side effects need to be documented. California Medical Treatment Utilization Schedule states ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects need to be assessed and documented. Routine drug screening also needs to be utilized. There were no pain values, range of motion or functional status submitted. Therefore, the request is non-certified.