

Case Number:	CM14-0025128		
Date Assigned:	06/11/2014	Date of Injury:	10/24/2000
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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 Occupational Medicine 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 52 year old female injured on 10/24/00 due to undisclosed mechanism of injury. Current diagnoses included chronic neck, low back, and left arm pain. Clinical note dated 03/15/14 indicated the injured worker presented complaining of neck pain and low back pain which flared following return to duty. The injured worker reported her pain at 6-7/10 with ongoing attempts to perform home exercise program. The injured worker also reported new onset of left upper extremity pain due to repetitive lifting possibly due to a new injury. Current medications included Ultram 50mg two to three times per day and ibuprofen. The injured worker reported self-discontinuation of Norflex due to drowsiness. Physical examination revealed normal gait and posture, decreased cervical range of motion, neurological examination intact, and tenderness in the left deltoid tendon which was not part of the original injury. Treatment plan included home exercise program and stretching, request for physical therapy, continued medications including Ultram 50mg two to three times per day and Motrin 800mg. Urine drug screen on 03/18/14 indicated the presence of opiates and tricyclic antidepressants. The injured worker also tested positive for hydrocodone which was not a prescribed medication. Initial request for Tramadol HCL tablets 50mg #90 was initially non-certified on 02/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL TABLETS 50 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the documentation indicates the presence of inconsistent urine drug screens. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Tramadol HCL tablets 50 MG #90 cannot be established at this time.