

Case Number:	CM14-0026494		
Date Assigned:	06/13/2014	Date of Injury:	05/31/2013
Decision Date:	07/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 33-year-old female with a reported date of injury on 05/31/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical sprain, thoracic sprain, lumbar sprain, thoracic or lumbosacral neuritis or radiculitis, cervical and lumbar radiculopathy, and myalgia/myositis. Her previous treatments were noted to include chiropractic therapy, acupuncture, medications, home exercise program, and moist heat. The progress report dated 12/14/2013 reported the injured worker complained of neck pain rated 6/10 and it was described as sharp, stabbing, with radiating pain to her shoulders. The injured worker complained of low back pain rated 6/10 and it was described as a sharp, dull pain with muscle spasms, as well as radiating pain to the bilateral lower extremities that was accompanied by numbness and weakness. The physical examination showed motor strength was 5/5 bilaterally to the upper and lower extremities and deep tendon reflexes were normal and equal bilaterally. The provider reported cervical ranges of motion were decreased and painful. The provider reported the lumbar spine examination showed a decreased and painful range of motion and a positive straight leg to the right posterior leg. The progress report dated 01/14/2014 reported the injured worker complained of difficulty ascending and descending stairs, and had difficulty with activities of daily living including dressing herself, bathing, and all activities involving her personal hygiene. The request for authorization form dated 11/16/2013 is for tramadol 50 mg as an analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL 50 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for tramadol hydrochloride 50 mg #60 is not medically necessary. The injured worker has been taking this medication since at least 10/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of documentation regarding evidence of pain on a numerical scale with/without medication utilization. There is a lack of documentation regarding improved functional status as well as any side effects. There is documentation of a urine drug screen being performed in 01/2014; however, it is inconsistent with opioid therapy. Therefore, due to lack of documentation regarding significant pain relief, increased functional status, side effects, and inconsistent drug screening, the ongoing use of opioid medications is not supported by the guidelines. As such, the request is not medically necessary.