

Case Number:	CM14-0028336		
Date Assigned:	04/07/2014	Date of Injury:	12/30/2012
Decision Date:	05/27/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 and 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 48-year-old male who reported an injury on 12/30/2012, secondary to heavy lifting. The injured worker is currently diagnosed with lumbar herniated disc, cervical spine sprain, and left shoulder sprain. The injured worker was evaluated on 12/02/2013. The injured worker reported persistent neck, low back, and left shoulder pain. Physical examination revealed tenderness to palpation with limited range of motion of the left shoulder and cervical spine. Treatment recommendations included continuation of tramadol, Prilosec, and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section Page(s): 76.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no evidence of objective functional improvement as a result of the

ongoing use of this medication. There is also no dosage, frequency, or quantity listed in the current request. Therefore, the request is not medically necessary or appropriate.