MAXIMUS Federal Services

Case Number:	CM14-0032162		
Date Assigned:	06/20/2014	Date of Injury:	01/17/2011
Decision Date:	07/22/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/14/2014

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 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 61 year old female who sustained an injury on 01/17/11. No specific mechanism of injury was noted for this date of injury. The injured worker sustained injuries in January of 2012 due to a slip and fall in which the injured worker struck her right leg side and head. Prior treatment included lumbar surgical intervention without benefit. Despite surgery the injured worker continued to report right sided neck and shoulder pain and constant pain in the right side of the head and low back pain radiating to the right lower extremity that was severe. Medications included tramadol which contributed to dizziness as a side effect. The injured worker was recommended for further lumbar surgical intervention including lumbar fusion at L5-S1 in October of 2013. The injured worker was being followed by [redacted] for ongoing complaints of severe low back and neck pain. The injured worker was seen on 01/23/14 and had loss of cervical range of motion on extension and left sided rotation and rotation. Positive impingement signs were noted at the right shoulder. Range of motion in the lumbar spine was restricted. The injured worker was recommended to be referred to pain management for the cervical spine and lumbar spine at this visit. Tramadol was prescribed at this visit for breakthrough pain 50mg three times daily. Follow up [redacted] on 03/06/14 noted persistent neck pain and low back pain that was severe. Right shoulder pain was noted. Physical examination findings were essentially unchanged. The injured worker had reaction to tramadol including development of hives. This medication was discontinued. Tramadol 50mg #90 with two refills was denied by utilization review on 02/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

Decision rationale: In regards to the reqeust for Tramadol 50mg quantity 90 with 2 refills, this medication was prescribed by a treating physician in January of 2014 as a breakthrough pain medication. The injured worker previously noted side effects with Tramadol including dizziness. Given the extent of the request, this reviewer would not have recommended this medication as medically necessary. At most a trial of Tramadol one to two times daily for breakthrough pain would have been appropriate rather than the requested 90 tablets with two additional refills. Further information noted side effects from Tramadol and the injured worker was found to be allergic to this medication. Therefore, the request as submitted would not have been supported as medically necessary.