

Case Number:	CM14-0036661		
Date Assigned:	06/25/2014	Date of Injury:	12/13/2011
Decision Date:	07/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/26/2014

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 Nevada. 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 male who was reportedly injured on December 13, 2011. The mechanism of injury is noted as a repetitive motion event. The most recent progress note dated February 11, 2014, indicates that there are ongoing complaints of neck pain. The physical examination failed to report any findings. However, it was noted that the injured worker failed to attend appropriate postoperative physical therapy. Subsequent physical therapy visits were completed. Diagnostic imaging studies were not presented for review. Previous treatment includes multiple level cervical fusions, carpal tunnel release (bilateral). A request was made for the medication Tramadol and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 5 mg quantity: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Page(s): 48, 78, 80, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 82, 113 of 127.

Decision rationale: As outlined in the MTUS, this medication is supported for short-term use alone when there is evidence of failure of a first-line option. However, the progress notes presented for review are scant, do not contain any appropriate clinical information, does not document the efficacy or utility of the medication and are simply insufficient to establish medical necessity.