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| Case Number: | CM14-0049669 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 07/25/2003 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/17/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57-year-old female who reported injury on 07/25/2003. The mechanism of injury was a 50 pound roller bag fell from an overhead compartment and struck the injured worker in the left side of her head, left shoulder, left hand and wrist. Prior treatments included physical therapy, a stellate ganglion block, as well as medications including opiates as of 2011. The other medications included cyclobenzaprine, Prilosec, Ultram, Lyrica, Wellbutrin, Effexor and Zanaflex. The documentation of 02/12/2014 revealed a refill of the medication Ambien, Lyrica, Ultram ER, Protonix, cyclobenzaprine and Celebrex. The diagnoses included intervertebral disc disorder cervical region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg ER #30/30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide the above. The duration of use was greater than 3 years as it was documented the injured worker had been utilizing the medication since at least 2011. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tramadol 150 mg ER #30/30 is not medically necessary.