

Case Number:	CM14-0056401		
Date Assigned:	07/09/2014	Date of Injury:	04/26/2013
Decision Date:	08/28/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/25/2014

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, 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 58-year-old male who reported an injury on 04/26/2013. The mechanism of injury was not stated. Current diagnoses include neck sprain, shoulder sprain, and disorder of the bursae and tendons in the shoulder region. The injured worker was evaluated on 03/31/2014 with complaints of lower back pain and right shoulder pain. Physical examination revealed tenderness to palpation with spasm in the lumbar spine, tenderness to palpation of the right shoulder and wrist, and spasm in the right shoulder and wrist. Treatment recommendations included continuation of the current medication regimen including Oxycodone, Prilosec, and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

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. The injured worker has utilized this medication since 11/2013 without any evidence of objective functional improvement. The injured worker continues to report persistent pain in the lumbar spine and right upper extremity. There is also no frequency listed in the current request. As such, the request is not medically necessary.