

Case Number:	CM14-0056577		
Date Assigned:	07/09/2014	Date of Injury:	07/12/2012
Decision Date:	09/19/2014	UR Denial Date:	04/10/2014
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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 47-year-old male who reported an injury on 07/12/2012 due to an unspecified cause of injury. The injured worker complained of cervical, thoracic, lumbar, bilateral shoulders, bilateral elbows, bilateral wrists, bilateral knees right foot and bilateral ankles. The diagnosis included thoracic disk bulge, right lateral epicondylitis, and bilateral wrist pain. The MRI dated 12/11/2012 of the lumbar spine revealed a herniation with possible neural compromise at the L1-L2, L3-L4, L4-L5 and L5-S1. The MRI dated 12/11/2012 revealed a 5.4 mm ganglion cyst. The past treatments included an electrical shockwave therapy, TENS unit, cold therapy, and heat therapy. The injured worker rated his pain to the cervical spine 2/10, thoracic spine 3/10, lumbar spine 3/10, shoulder 3/10, wrist 2/10, elbow 3/10 and the knee 1/10. The request for authorization was submitted on 04/23/2014 with documentation. The treatment plan was for Tramadol. The rationale was not provided.

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IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150m ER (extended release) one tablet per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and weaning of medications Page(s): 80,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The request for Tramadol 150m ER one per day is not medically necessary. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The documentation was partly illegible. The documentation did not address the adverse side effects, activities of daily living or aberrant drug taking behavior. The request did not indicate a duration. As such, the request is not medically necessary.