

Case Number:	CM14-0062778		
Date Assigned:	07/11/2014	Date of Injury:	10/20/2010
Decision Date:	09/16/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 records presented for review indicate that this 47-year-old female was reportedly injured on October 20, 2010. The mechanism of injury is noted as being struck by a patient. The most recent progress note, dated April 4, 2014, indicates that there are ongoing complaints of neck pain and low back pain. The physical examination demonstrated tenderness along the cervical spine paraspinal muscles extending down to the upper back region. There was decreased cervical spine range of motion and decreased sensation to light touch along the right upper extremity. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes bilateral C-4 - C-5 and C5 - C6 intra-articular facet injections, the use of a TENS unit, home exercise, and participation in a functional restoration program. A request had been made for tramadol and was not certified in the pre-authorization process on April 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg twice a day as needed Qty:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, this request for tramadol is not medically necessary.