

Case Number:	CM14-0063140		
Date Assigned:	07/11/2014	Date of Injury:	10/26/1999
Decision Date:	09/17/2014	UR Denial Date:	04/14/2014
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 California. 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 65-year-old male who reported an injury on 10/26/1999 due to unspecified cause of injury. The injured worker had a history of neck and back pain with diagnoses of rotator cuff syndrome, cervical disc degeneration, sprain of the neck, and headache. No diagnostics available for review. No past treatments available for review. The objective findings dated 01/20/2014 revealed moderate paracervical and thoracic myospasms. The medications included Celebrex, Ultracet, Soma, Robaxin, Parafon Forte, Sprix, Flector, Lidoderm, and Voltaren gel. No VAS was provided. The treatment plan included exercises; medications add quinine for leg pain; occupational, physical, and chiropractic therapy. The Request for Authorization dated 05/04/2014 was submitted with the documentation. No rationale for the Tramadol/APAP was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP37.5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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/APAP 37.5/325 mg #60 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. The California MTUS recommends 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 clinical notes were not evident that the injured worker had a diagnosis of neuropathic pain. The 4 A's ongoing monitor of the analgesia, adverse side effects, and aberrant drug taking behavior should be addressed. The efficacy was not addressed. The objective findings on the clinical note were vague. The request did not indicate the frequency. As such, the request for Tramadol/APAP 37.5/325 mg #60 is not medically necessary.