MAXIMUS Federal Services

Case Number:	CM14-0075327		
Date Assigned:	07/16/2014	Date of Injury:	07/08/2009
Decision Date:	08/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 female who reported an injury on 07/08/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 05/07/2014 indicated diagnoses of history of cervical sprain/strain with underlying spondylosis; history of lumbar sprain/strain with underlying lumbar degenerative joint disease with myofascial pain; history of right elbow pain with laceration and contusion of the elbow with chronic lateral epicondylitis, x-ray revealed a fracture of the elbow now stable; history of depression; history of head injury with postconcussion headaches; and history of tinnitus or ringing in her ears of unknown etiology. The injured worker reported constant neck and low back pain, frequent headaches at the base of her skull, and pain in her elbows, forearms, hands, and wrists. The injured worker reported using tramadol occasionally for pain which she found helpful and reported at least 50% reduction in pain and 50% functional improvement with activities of daily living with medication versus not taking it at all. The injured worker reported her pain was 7/10 with her medications and without her medications 10/10. She reported she continued a home exercise regimen. On the physical examination of the neck and low back there was mild limited range of motion in all planes. The injured worker exhibited trigger point tenderness over the cervical, thoracic, and paraspinal musculature including the lumbar paraspinal trunk with positive jump sign. The injured worker was able to ambulate on her toes and heels. The examination of the elbows and wrists revealed reproducible pain with passive range. There was a positive Finkelstein maneuver on the right wrist and positive Phalen's and Tinel's signs on the right hand. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for tramadol. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), page 113 Page(s): 113.

Decision rationale: The California MTUS Guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of significant evidence of an objective assessment of the injured worker's evaluation of risk for aberrant drug use behaviors and side effects. Moreover, it was not indicated how long the injured worker had been utilizing this medication. In addition, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary and appropriate.