

Case Number:	CM14-0090758		
Date Assigned:	07/25/2014	Date of Injury:	04/13/2009
Decision Date:	09/12/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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, 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 55-year-old female who reported an injury on 04/13/2009. The injury reported was when the injured worker was restraining a special needs student. Previous treatments included medication and acupuncture. Within the clinical note dated 06/26/2014, it was reported the injured worker complained of pain and stiffness in the neck. She rated her pain 9/10 in severity and with frequent, severe headaches. She complained of intermittent numbness and tingling on the right arm of the outer hand with intermittent numbness and tingling of the right leg to the outer thigh and foot. On the physical examination, the provider noted the injured worker to have pain upon palpation to the central through lower cervical vertebrae, pain, and muscle rigidity on palpation to the paraspinal trapezius and rhomboid groups on the right side. The provider indicated the injured worker had pain on palpation in the lower lumbar vertebrae. The range of motion of the cervical spine was flexion at 40 degrees and extension at 35 degrees. The request submitted is for tramadol 50 mg #60. However, the rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Tramadol 50mg QTY: 60.00 is non-certified. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There was a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker has been utilizing the medication since at least 12/2013. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.