MAXIMUS Federal Services

Case Number:	CM14-0095850		
Date Assigned:	07/25/2014	Date of Injury:	05/14/2012
Decision Date:	09/24/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/24/2014

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:

This is a 34-year-old male with a date of injury of 5/14/12. The mechanism of injury occurred when he was struck on the head with a wooden board, which dropped from 2 stories high. He had a hard hat on and it cracked when the object hit him. He lost consciousness for several seconds, and shortly afterwards experienced vertigo of brief duration. Today he stated that the occurrence is less frequent but with same duration. A report on 2/21/14 noted findings of a unilateral moderate to mild primary conductive hearing loss in the right ear. A QME Report dated 6/2/14, noted his medications as Tramadol, Amitriptyline and Zanaflex. On 5/19/14, he noted about 20% reduction of sciatic symptoms in his lower extremities with the trial of Neurontin 300mg twice a day. He has not noted any side effects from this medication. His current medications include Neurontin, Motrin, Amitriptyline, Tramadol, and Zantac. An exam of the cervical spine found no tenderness to palpation and normal range of motion. The thoracic and lumbar spine was tender to palpation. The diagnostic impression is chronic upper and lower back pain, bilateral sciatica, lumbar DDD, and post concussive syndrome with residual headaches and right-sided hearing loss. Treatment to date includes audiology testing, neuropsychological treatment, and medication management. A UR decision dated 6/11/14 denied the request for Tramadol 50mg #120 with a refill. The Tramadol was denied because as per guidelines, the objective evidence of pain reduction and improved functioning in terms of facilitating activities of daily living had not been noted to justify continued treatment with this medication. Ongoing management with opioids require evidence of pain relief (current, least, and average pain with corresponding onset and duration of effect), functional gains, and appropriate medication use in the absence of side effects or aberrant drug-taking behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride 50mg, #120, 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of a CURES report or an opiate pain contract. In addition, it was stated that the patient had 20% reduction in sciatic pain due to a trial of Neurontin, however, a QME report 1 month later did not note the use of Neurontin. It is unclear what medications the patient is currently on and what medications are helping. Although Tramadol may be appropriate, additional information would be necessary, as guidelines require clear and concise documentation for ongoing management. As such, the request is not medically necessary.