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| Case Number: | CM14-0100834 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 10/23/2013 |
| Decision Date: | 08/18/2015 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 40 year old male who sustained an industrial injury on 10-23-13. Diagnoses are cervical radiculopathy and carpal tunnel syndrome. In a progress note dated 6-11-14, the physician notes chief complaints of low back pain, neck and left shoulder pain. He complains of achy, stabbing, burning pain of his neck. Pain is rated at 8 out of 10 and radiates numbness to the bilateral upper extremities. He also complains of mid to low back pain aggravated by any movement. He rates the pain as 7-8 out of 10. Medications are Norco, Prilosec, and Xanax and he tried Tramadol but it made him "spacey". The cervical spine is tender to palpation. The treatment plan notes that Tramadol will be discontinued due to the intolerance of cognitive effects and Celebrex will be used at 200mg daily. The requested treatment is Tramadol 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 80-84, 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-84.

Decision rationale: CA MTUS Guidelines do not support the chronic use of Tramadol, a synthetic opioid medication. The claimant is also taking Norco for pain, and there is no rationale presented for why this claimant requires two opioid medications. Tramadol is intended for short-term use. The patient complains of adverse cognitive side effects with Tramadol. Therefore, the request for Tramadol is deemed not medically necessary or appropriate.