

Case Number:	CM14-0103249		
Date Assigned:	07/30/2014	Date of Injury:	05/31/2013
Decision Date:	07/21/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/03/2014

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38-year-old female, who sustained an industrial injury on 5/31/13. She has reported initial complaints of neck, low back, bilateral shoulders and head injury with pain. The diagnoses have included cervical strain, cervical spondylosis, right shoulder tendinitis, impingement syndrome, lumbar strain, lumbar discogenic disease, lower extremity radiculitis, chronic pain syndrome and history of anxiety, neurosis and depression. Treatment to date has included medications, activity modifications, off work, diagnostics, physical therapy, pain management, and home exercise program (HEP). Currently, as per the physician progress note dated 6/4/14, the injured worker complains of neck pain with aching and stiffness that radiates to the head and causes headaches with numbness and tingling in both hands. The low back has constant aching pain and cramping in the buttocks. The pain radiates to the groin and bilateral lower extremities. There is numbness and tingling in the bilateral feet. There is also constant pain in the bilateral shoulders that radiates to the bilateral lower extremities and there is popping in the right shoulder. There is loss of strength in both arms and a pinching sensation between the shoulder blades. She also reports frequent headaches, dizziness and double vision, anxiety, depression and sleep disturbance. The physical exam reveals tenderness to palpation over the right shoulder, there is decreased range of motion in the right shoulder, the Neer's and thumb down tests are positive, the motor strength is decreased on the right, and grip strength is decreased on the right. There is tenderness to palpation of the cervical spine with muscle spasm and there is decreased cervical range of motion. The lumbar spine exam reveals heel and toe test is unsatisfactory, there is tenderness to palpation in the low back area, there is muscle spasm

noted and tenderness over the S1 vertebra. The lumbar range of motion is decreased. The urine drug screen dated 12/17/13 was consistent with the medications prescribed. It is noted that she is taking over the counter medications for pain. Of note, the medication allergies include Codeine and Tramadol. The physician requested treatment included Tramadol 50mg, #60 for flare-up of pain symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the medical records indicate that the injured worker is allergic to tramadol, therefore, the request for Tramadol 50mg, #60 is determined to not be medically necessary.