

Case Number:	CM14-0144251		
Date Assigned:	10/15/2014	Date of Injury:	03/07/2012
Decision Date:	01/22/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/05/2014

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 Neurology, has a subspecialty in Pain Management 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:

This case involves a female injured worker with a date of injury of 03/07/2012. The 9/30/13 reports that a urine drug screen (UDS) was performed. The 7/21/14 note reports pain in the shoulders, elbows, and neck. There is pain to palpation with spasm over the paracervical muscles. Motor strength is 5_/5 bilateral across muscle groups. It is noted that the injured worker has a history of failed right shoulder surgery. The 1/13/14 reports of right stellate ganglion block. The medical records provided for review do not indicate recent UDS in relation to ongoing treatment or opioid risk mitigation process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30 tablets with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-79.

Decision rationale: The medical records provided for review indicate ongoing pain but do not reflect previous failure of other conservative care or non-opioid medications. There is no documentation of opioid risk use mitigation through use of tools, such as risk screening tool or

recent urine drug screenings (UDS). In the absence of clinical improvement, continued use of opioid is not supported under Chronic Pain Medical Treatment guidelines. Therefore, this request is not medically necessary.