

Case Number:	CM14-0186504		
Date Assigned:	11/14/2014	Date of Injury:	08/26/1997
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old female sustained a work related injury on 8/26/1997. The mechanism of injury was reported to be injury from being kicked by a student, and falling to the ground. The current diagnoses are neck pain, back pain, and left shoulder pain. Past surgical history included two rotator cuff repairs, left shoulder. According to the progress report dated 10/9/2014, the injured workers chief complaints were left shoulder, left elbow, low back, and neck pain. The physical examination revealed mildly restricted internal rotation and abduction of the left shoulder. The cervical spine revealed tenderness of C5-C6 with paraspinal spasm present. The lumbar spine was noted to be tender to palpation with paraspinal spasms on the left. The treating physician prescribed Tramadol, which is now under review. Current medications are Aricept, Lidoderm patch, and TENS unit. The injured worker was previously treated with medications, physical therapy, transcutaneous nerve stimulation unit, injections, psychological care, and surgery. Work status is disabled. On 10/28/2014, Utilization Review had non-certified a prescription for Tramadol. The medication was non-certified based on lack of documentation indicating quantitative pain scores, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. The California MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5-325mg days: 30, Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Tramadol Page(s): 78-81, 93-94.

Decision rationale: The MTUS states that Tramadol is a synthetic opioid affecting the central nervous system. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term Tramadol (since at least 2013) without significant functional improvement. The documentation is not clear on a pain assessment/treatment plan for opioids therefore the request for Tramadol/ APAP 37.5-325mg days: 30, Qty: 90 is not medically necessary.