

Case Number:	CM14-0200146		
Date Assigned:	12/10/2014	Date of Injury:	11/28/2000
Decision Date:	06/05/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 11/28/2000. She reported injuries to her hands, left shoulder, and neck though repetitive movements. The injured worker is currently diagnosed as having cervical spinal stenosis, thoracic sprain/strain, right shoulder partial rotator cuff tear, left shoulder tendinitis, bilateral carpal tunnel syndrome, and adjustment disorder. Treatment and diagnostics to date has included left hand MRI, left shoulder MRI, home H-wave, and medications. In a progress note dated 08/09/2014, the injured worker presented with complaints of constant neck pain radiating to the upper extremities with numbness and tingling. The treating physician reported requesting authorization for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 MG #60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Moreover the 4 As of opioid motoring may be difficult to meet if a patient is prescribed 2 refills and thus might not follow-up with the physician for 3 months. For these multiple reasons, this request is not medically necessary.