

Case Number:	CM14-0203559		
Date Assigned:	12/16/2014	Date of Injury:	09/22/2006
Decision Date:	01/31/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational Medicine and is licensed to practice in California. 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 individual is a 41 y/o female who has developed chronic myofascial pain subsequent to a fall on 9/22/06. Her pain complaints involve her cervical and lumbar spine in addition to the left shoulder and chest area. He has been treated with prn Norco in the past with a reported pain relief of 40% and functional improvements are a result of pain relief. She has developed stomach pain when taking the Norco so a trial of Tramadol 50mg #30 was recommended. She has poor tolerance to NSAIDS even though they provide additional pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: California MTUS Guidelines supports the judicious use of opioids and/or a rotation of opioids when there is pain relief, functional improvements, lack of misuse and the need for opioid rotation due to side effects. This individual meets Guideline criteria to change

her minimal opioid use from Norco to Tramadol. The Tramadol 50mg. #30 is medically necessary.