

Case Number:	CM15-0000639		
Date Assigned:	01/09/2015	Date of Injury:	02/16/2012
Decision Date:	04/10/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/30/2014

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: Florida

Certification(s)/Specialty: Family Practice

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 68-year-old female, who sustained an industrial injury on 2/16/2012. She was diagnosed as having lumbar disc protrusion, lumbar radiculopathy, lumbar stenosis, cervical disc protrusion, and cervical degenerative disc disease. Treatment to date has included medications, multiple surgical interventions of the bilateral shoulders, and activity modification. Per the Primary Treating Physician's Progress Report dated 12/01/2014, the injured worker reported neck pain and bilateral shoulder pain. Cervical pain and spasms are reported to be worse with 50% reduction in range of motion. Objective findings included tenderness upon palpation of the bilateral shoulders and bilateral cervical paraspinal muscles. Cervical ranges of motion were limited by pain in all directions. There was cervical spasm. Shoulder impingement signs were positive with decreased range of motion. Neer's and painful arc were positive on the left and Hawkin's was positive bilaterally. There was left rotator cuff weakness. A prescription for Tramadol was written and is pending authorization. The plan of care included continuation of medications and follow-up care. Authorization was requested for Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 Milligrams #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement with this pain medication. Likewise, this request is not considered medically necessary.