

Case Number:	CM15-0005463		
Date Assigned:	01/16/2015	Date of Injury:	09/05/2012
Decision Date:	03/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/11/2015

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: 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 59-year-old female who reported an injury on 09/05/2012. The mechanism of injury was not submitted for review. The injured worker has diagnosed of disc protrusions at C2-3, C4-5, C5-6, C6-7, and C7-T1; internal derangement both shoulders; tear of the rotator cuff (left shoulder); left shoulder tendinitis; musculoligamentous sprain of the lumbar spine with lower extremity radiculitis; and disc protrusions at L2-3, L3-4, and L4-5. Past medical treatment consisted of physical therapy and medication therapy. Medications consisted of Naprosyn sodium 550 mg, omeprazole 20 mg, and tramadol 50 mg. On 11/17/2014, the injured worker complained of bilateral shoulder pain, which she described as sharp, stabbing, and throbbing. The injured worker also complained of back pain. Physical examination revealed tenderness over the base of the occiput, upper trapezius, levator scapulae, and rhomboids. Range of motion revealed that the injured worker lacked 5 fingerbreadths from touching chin to chest. There was an extension of 25 degrees, right rotation of 45 degrees, and left rotation was 20 degrees. The injured worker was tender to palpation. Medical treatment plan was for the injured worker to continue with medication therapy and undergo physical therapy as well as acupuncture therapy. The rationale and Request for Authorization form were not submitted for review. No UAs or drug screens were submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, quantity #200: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 9th Edition (web) 2011

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Ongoing management Page(s): 82, 93, 94, 113; 78.

Decision rationale: The request for tramadol 50 mg with a quantity of 200 is not medically necessary. The California MTUS Guidelines state that central analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain and are not recommended as a first line oral analgesic. The California MTUS recommends that there should be documentation of the 4 A's of ongoing monitoring, to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The submitted documentation indicated that the injured worker had pain. However, there were no pain assessments indicating what pain levels were before, during, and after medication administration. Additionally, there were no pain levels via VAS documented. The efficacy of the medication was also not submitted for review, nor was there any evidence showing that the medication was helping with any functional deficits. Furthermore, there were no UAs or drug screens submitted for review to warrant the continuation of the medication. Given the above, the injured worker is not within the California MTUS recommended guideline criteria. As such, the request is not medically necessary.