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| Case Number: | CM15-0006267 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 05/31/2005 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 12/19/2014 |
| Priority: | Standard | Application Received: | 01/12/2015 |

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65-year-old male who reported an injury on 05/31/2005. It was noted that the injured worker was changing the oil on a vehicle when he was struck on the head by the hood of the vehicle. The current diagnoses include neck strain, shoulder strain, and wrist strain. The injured worker presented on 01/14/2015 for a followup evaluation with complaints of worsening cervical and lumbar pain. Upon examination, there was tenderness to palpation of the cervical and lumbar spine, as well as the bilateral shoulders. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There was no mention of the failure of nonopioid analgesics. Previous urine toxicology reports documenting evidence of injured worker compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.