MAXIMUS Federal Services

Case Number:	CM15-0008689		
Date Assigned:	01/26/2015	Date of Injury:	03/25/2003
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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: 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 57 year old female who sustained an industrial injury to multiple areas on March 25, 2003. There was no mechanism of injury documented. The injured worker was diagnosed with cervical/lumbar discopathy, cervicalgia, right elbow epicondylitis, bilateral DeQuervains syndrome, carpel tunnel/double crush syndrome, osteoarthritis of the right hip, right knee meniscal deterioration, left knee medial meniscal tear, plantar fasciitis on the right, anxiety, depression and dental issues. Other comorbidities are Diabetes Mellitus, hypertension and obesity. The patient continues to experience cervical and lumbar spine pain which radiates to the bilateral lower extremities, bilateral shoulder pain, right shoulder greater than left, right elbow pain, bilateral wrist pain greater on the left, and difficulties with walking and pain in her lower extremities. The patient ambulates with a walker and is reported to be homebound. On August 11, 2014 the injured worker had a lumbar spine, right knee and right shoulder magnetic resonance imaging (MRI) studies. On August 18, 2014 the patient had magnetic resonance imaging (MRI) studies of the right ankle, pelvis and cervical spine with 3D myelogram. An Electromyography (EMG) on August 19, 2014 was within normal limits and nerve conduction studies demonstrated mild bilateral medial sensory neuropathy at the wrist and mild bilateral ulnar motor neuropathy at the elbows. Current medications consist of Soma, Ibuprofen, Vicodin, Omeprazole, Colace, Neurontin, in-office Toradol injections, B 12 injections, Trazadone, Prozac and Atenolol. Treatment modalities consist of physical therapy, hospital bed and home health assistance.The treating physician requested authorization for 1 prescription of Tramadol Hydrochloride ER 150mg #90.On January 7, 2015 the Utilization Review denied certification for

1 prescription of Tramadol Hydrochloride ER 150mg #90.Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol Hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids, criteria for use; Weaning o.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with toradol usage and thus is not medically necessary.