

Case Number:	CM15-0100690		
Date Assigned:	06/03/2015	Date of Injury:	07/08/2009
Decision Date:	07/01/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

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 57 year old female, who sustained an industrial injury on 7/08/09. The injured worker was diagnosed as having cervical sprain/strain with underlying spondylosis, lumbar sprain/strain with lumbar degenerative joint disease, myofascial pain disorder, reactive depression, chronic lateral epicondylitis in both elbows, fracture of right elbow, closed head injury with post concussive headaches and dysphagia. Treatment to date has included oral medications, manual traction, chiropractic treatment, physical therapy and home exercise program. Currently, the injured worker complains of constant pain in neck, frequent headaches, pain in shoulders and pain in right elbow and hand. She also notes difficulty swallowing. She notes the current medications of Cymbalta and Tramadol help keep her functional. Urine drug screens have been appropriate. Physical exam noted limited range of motion of back and neck with multiple areas of trigger point tenderness throughout the cervical, thoracic and lumbar paraspinal musculature. Some signs of disuse atrophy were noted in both hands and interosseous muscles and thenar eminences with diminished grip strength in both hands. A request for authorization was submitted for Tramadol and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in July 2009 and continues to be treated for neck, shoulder, and right upper extremity pain. Medications are referenced as providing 50% pain relief and improvement in function. When seen, there was decreased spinal range of motion with multilevel trigger points. There was decreased right shoulder range of motion. She had shoulder and elbow tenderness with positive shoulder impingement testing and positive Tinel, Phalen, and Finklestein tests. Tramadol was prescribed at a total MED (morphine equivalent dose) of 20 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief with improved function. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of tramadol was medically necessary.