

Case Number:	CM15-0100786		
Date Assigned:	06/03/2015	Date of Injury:	09/16/2003
Decision Date:	07/02/2015	UR Denial Date:	04/27/2015
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: California

Certification(s)/Specialty: Emergency Medicine

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 52-year-old female who sustained an industrial injury on 9/16/03. The injured worker was diagnosed as having chronic neck pain and herniated nucleus pulposus of the cervical spine. Currently, the injured worker was with complaints of pain in the neck and bilateral upper extremities. Previous treatments included acupuncture treatment, status post cervical fusion, and status post foraminotomy and medication management. The injured workers pain level was noted as 9/10 in the neck. Physical examination was notable for limited range of motion in the cervical spine with range of motion and spasms noted. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol/APAP 37.5-325mg #90 (dispensed 3-27-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Tramadol chronically. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and in fact, shows continued severe poorly controlled pain. Multiple prior utilization review recommended weaning but the provider continues to fail to document a valid plan for appropriate pain management on this patient. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.