

Case Number:	CM15-0101794		
Date Assigned:	06/04/2015	Date of Injury:	11/12/2013
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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, 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 54-year-old female, with a reported date of injury of 11/12/2013. The diagnoses include status post closed head injury; cervical spine sprain/strain with radiculitis; bilateral shoulder pain; lumbar spine sprain/strain with radiculitis; and status post epidural injections with persistent symptoms. Treatments to date have included an MRI of the brain on 01/16/2014 which showed paranasal sinus disease; an MRI of the cervical spine on 01/16/2014 which showed posterior disc protrusions at C4-5, C5-6, and C6-7 and narrowing of the C6-7 interspace with associated spondylosis; oral medication; and epidural injections. The progress report dated 05/04/2015 indicates that the injured worker's symptoms were unchanged, and he needed tramadol. The objective findings include cervical spine extension at 35 degrees, cervical spine flexion at 40 degrees, tenderness of the cervical paraspinal muscles, tenderness of the thoracic and lumbar paraspinal muscles, negative straight leg raise test, normal motor strength in the lower extremities, flexion and abduction of the bilateral shoulders at 160 degrees, internal and external rotation of the bilateral shoulders at 80 degrees, adduction of the bilateral shoulders at 40 degrees, extension of the bilateral shoulders at 20 degrees, and abnormal motor strength in the bilateral shoulders. The treating physician requested Tramadol 500mg #30 with one refill for moderate pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Tramadol, Chronic Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient has had ongoing treatment with Tramadol without symptomatic or objective functional improvement. There is no recent documentation regarding side effects and aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tramadol is not medically necessary.