

Case Number:	CM15-0013206		
Date Assigned:	01/30/2015	Date of Injury:	05/02/2000
Decision Date:	04/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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: New York, West Virginia, Pennsylvania
 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 60 year old female, who sustained an industrial injury on May 4, 2010. She has reported neck, right shoulder and lower back pain aggravated by movement. The diagnoses have included other, post-surgical status, rotator cuff syndrome, displacement of lumbar intervertebral disc without myelopathy, other affections of the shoulder region, neuralgia, radiculitis, neuritis, lumbosacral spine strain/sprain and neck sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative therapies, pain medications and work restrictions. Currently, the IW complains of low back pain, right shoulder pain and neck pain. The injured worker reported an industrial injury in 2010, resulting in low back pain, right shoulder pain and neck pain. She was treated conservatively and surgically without resolution of the pain. Evaluation on July 18, 2014, revealed continued pain aggravated with movement. A computed tomography of the lumbosacral spine was ordered. She was noted to be 10 months post op at that point. Evaluation on December 1, 2014, revealed continued pain. The plan was to continue pain medications, inject the right shoulder and to modify activities. On December 23, 2014, Utilization Review non-certified a request for Tramadol-APAP 37.5/325mg # 120 with 3 refills, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of requested Tramadol- APAP 37.5/325mg # 120 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol-APAP 37.5/325mg # 120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

Decision rationale: Guidelines recommend use of tramadol with acetaminophen for up to 5 days in patients with acute pain which is moderate-severe. In this case, the severity of pain and frequency of pain is not documented. In addition the request is for a one month supply with 3 refills which is not consistent with guidelines. Ongoing use of opioids requires monitoring for efficacy, side effects, functionality and aberrant drug use. There is no documentation of an ongoing monitoring program in this patient. Thus, the request for Tramadol/acetaminophen is not medically necessary and appropriate.