

Case Number:	CM15-0133572		
Date Assigned:	07/21/2015	Date of Injury:	05/08/2014
Decision Date:	08/18/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, 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 52 year-old female who sustained an industrial injury on 05/08/14. She reported neck, back and left upper extremity pain. She is diagnosed with having cervical sprain/strain, discogenic spondylosis C5-6, C6-7, left shoulder sprain/strain, left elbow sprain/strain, left wrist sprain/strain with carpal tunnel syndrome, lumbar sprain/strain with grade I spondylosis, and lumbar degenerative disc disease L5-S1. Diagnostic testing and treatment to date of progress note on 06/11/15 has included x-rays, MRI, and anti-inflammatory medication; she has declined physical therapy. Currently, the injured worker complains of cervical spine pain rated as an 8 on a 10 point pain scale with left upper extremity numbness, tingling, and weakness. Her left shoulder has throbbing pain rated as a 7/10, left elbow pain is rated as an 8/10, and left wrist pain is rated as a 7/10 with weakness; she is dropping items. Anti-inflammatory medication is mildly helpful and is causing stomach upset. Physical examination is remarkable for left shoulder tenderness and weakness; Neer's test is positive, and there is decreased range of motion with pain. Current plan of care is acupuncture, shoulder injection, and change of pain medication. Requested treatments include Tramadol 50mg #120. The injured worker is under a modified duty status; employer unable to accommodate work restrictions. Date of Utilization Review: 06/23/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, there was no mention of Tylenol or Tricyclic failure. Lower dose trial was not noted. The request for Tramadol as prescribed is not medically necessary.