MAXIMUS Federal Services

Case Number:	CM15-0134484		
Date Assigned:	08/10/2015	Date of Injury:	03/12/2012
Decision Date:	09/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/13/2015

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

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 38 year old female who sustained an industrial injury on 03-12-2012. Current diagnoses include cervical radiculitis, sleep disorder, myofascial pain, lumbosacral radiculitis, and chronic pain. Previous treatments included medications, physical therapy, Toradol injection, and home exercise program. Previous diagnostic studies included a lumbar spine and cervical spine MRI. Initial injuries occurred when the worker was moving a heavy headboard and developed immediate burning pain in her neck with radiation to the right upper extremity, as well as pain in her mid and low back with radiation to the right lower extremity. Report dated 06-02-2015 noted that the injured worker presented with complaints that included right-sided neck pain with radiation to the right arm and associated burning and tingling, right upper extremity weakness, numbness and tingling, and low back pain with radiation of pain, and right lower extremity weakness with numbness. The provider noted that the injured worker has 30% improvement with use of Advil and Norflex. Gabapentin and Meloxicam were discontinued due to side effects. Pain level was not included. Current medication regimen includes glipizide, ibuprofen, metformin, trazodone, and Ventolin HFA. Physical examination was positive for diminished sensation in the C7-S1 right side dermatomes, antalgic gait favoring the right side, tenderness in the lumbar paraspinal muscles, trigger points in the lower paraspinal muscles with muscle spasms, decreased lumbar flexion and extension, and straight leg raise test on the right is positive. The treatment plan included request for MRI results, requests for physical therapy, TENS unit, tramadol, lidocaine patch, and orphenadrine citrate. The injured worker is working

modified duty. Tramadol was first prescribed on 06-02-2015. Disputed treatments include Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The current request is for Tramadol 50mg #90. The RFA is dated 06/03/15. Previous treatments included medications, physical therapy, Toradol injection, and home exercise program. The patient is not working. MTUS Guidelines page 76 to 78, under the criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities". According to progress report 06/02/05, the patient presents with right-sided neck pain with radiation to the right arm and associated burning and tingling, right upper extremity weakness, numbness and tingling, and low back pain with radiation of pain, and right lower extremity weakness with numbness. The patient only has 30% improvement with use of Advil and Norflex. Gabapentin and Meloxicam were discontinued due to side effects. Current medication regimen includes glipizide, ibuprofen, metformin, trazodone, and Ventolin HFA. This is an initial request tramadol. The patient continues to report significant pain with current medications. A trial of Tramadol at this juncture is reasonable. This request is medically necessary.