

Case Number:	CM15-0138104		
Date Assigned:	07/28/2015	Date of Injury:	09/12/2001
Decision Date:	09/22/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/16/2015

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: North Carolina, Georgia
 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 61 year old male, who sustained an industrial injury on 9/12/2001. The mechanism of injury is not indicated. The injured worker was diagnosed as having poly-trauma with moderate traumatic brain injury, status post concussive syndrome and status post-traumatic stress disorder, cervical spine syndrome with sprain and strain disorder and radiculopathy, lumbosacral spine disc syndrome with sprain and strain disorder and radiculopathy, bilateral carpal tunnel syndromes and bilateral double crush syndromes, and chronic pain syndrome with idiopathic insomnia. Treatment to date has included urine drug screen (2/16/2015 and 4/22/2015). The request is for Tramadol. On 2/16/2015, he complained of pain to the neck, low back, bilateral upper limbs, and associated stiffness, weakness, numbness, and paresthesia. Objective findings revealed a reduced cognition, short term memory and attention span with increased impulsivity, emotional lability and distractibility, reduced range of motion of the low back and neck, wrists and hands; tenderness in the neck and low back with muscles spasms noted; and positive Tinel and Phalen signs at the bilateral wrists. The treatment plan included: Flexeril, Mobic, Norco, and Prilosec, and urine drug screen. He is noted as temporarily totally disabled. A urine drug screen on 2/16/2015, noted he was positive for THC which is not consistent with prescriptions. On 3/25/2015, he had continued complaint of pain to the neck, low back and bilateral upper limbs. The treatment plan included: Flexeril, Mobic, Prilosec, and Ultram. On 4/22/2015, he had continued complaint of pain to the neck, low back, and bilateral upper limbs. The treatment plan included: Flexeril, Mobic, Prilosec, Ultram, and urine drug screen. A urine drug screen on 4/22/2015, noted Tramadol was not detected, and he was positive

for THC which is inconsistent with prescriptions. On 5/20/2015, he had continued complaint of pain to the neck, low back, and bilateral upper extremities. The treatment plan included: Flexeril, Mobic, Prilosec, Norco, and Ultram; and a urine drug screen. On 6/17/2015, he complained of pain to the neck, low back and bilateral upper extremities. The treatment plan included: Norco, Mobic, Prilosec, Ultram and a urine drug screen. He remains temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Tramadol; Therapeutic Trial of Opioids - On-Going Management; Weaning of Medications Page(s): 93-94, 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Tramadol.