

Case Number:	CM15-0143011		
Date Assigned:	08/03/2015	Date of Injury:	12/06/2007
Decision Date:	09/09/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/23/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 53 year old female with an industrial injury dated 12-06-2007. Her diagnoses included bilateral upper extremity overuse syndrome, regional myofascial pain affecting the upper back and neck, obesity, hyperlipidemia, hypertension, diabetes, atherosclerotic coronary artery disease, gastroesophageal reflux disease, acute myocardial infarction, PTCA procedures on two portions of the LAD in December 2007 and circadian rhythm disorder, shift work type. Prior treatment included gym membership and medications. She presents on 03-11-2015 (signed by physician on 03-17-2015) with complaints of significant pain and stiffness in her neck, upper back and shoulders. She continued to follow up with her diabetes doctor. Her work status was officially retired on 02-06-2015. Physical exam noted trapezius muscles were very tight bilaterally from the occiput to the supraclavicular fossa and inferiorly to the scapulae. There was reduced range of motion in her neck. Treatment plan included medications. The treatment request is for Tramadol 50 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for tramadol, California 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, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding 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.