

Case Number:	CM15-0143634		
Date Assigned:	08/04/2015	Date of Injury:	10/01/2009
Decision Date:	09/01/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71 year old female, who sustained an industrial injury on 10-1-09. The injured worker was diagnosed as having status post posterior cervical decompression at C2-7, lumbar back strain with degenerative disc disease, bilateral shoulder impingement with partial thickness rotator cuff tears, bilateral carpal tunnel syndrome, thoracic central stenosis at T6-8 with disc protrusions, multiple lumbar spine disc protrusions, status post left shoulder arthroscopic subacromial decompression and Mumford procedure, and chronic anterior headaches. Treatment to date has included a right wrist De Quervain's injection, bilateral carpal tunnel releases, lumbar epidural steroid injections, physical therapy, and medication. On 6-30-15 pain was rated as 4-5 of 10. Currently, the injured worker complains of wrist pain. The treating physician requested authorization for Tramadol 50mg #90.

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: 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 (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury in October 2009 as the result of a cumulative upper extremity, neck, back, and psychological trauma. Medications are referenced as decreasing pain from 5-7/10 to 3-4/10. An overall 80% benefit is referenced. When seen, there was cervical spine tenderness with muscle spasms. Treatments include recent injections for DeQuervain's tenosynovitis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief and an overall 80% improvement. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.