MAXIMUS Federal Services

Case Number:	CM15-0194627		
Date Assigned:	10/08/2015	Date of Injury:	04/01/2012
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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: Emergency 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:

This is a 46 year old female with a date of injury of April 1, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc syndrome, cervical radiculopathy, degeneration of lumbar intervertebral disc with myelopathy, lumbar myalgia, lumbar radiculopathy, headaches, anxiety, and depression. Medical records dated July 21, 2015 indicate that the injured worker complained of neck pain, lumbar spine pain rated at a level of 5 out of 10, headaches, loss of sleep, anxiety, and depression. A progress note dated August 25, 2015 documented complaints similar to those reported on July 21, 2015, with pain rated at a level of 4 out of 10. Per the treating physician (August 25, 2015), the employee has not returned to work. The physical exam dated July 21, 2015 reveals decreased range of motion of the cervical spine and decreased range of motion of the lumbar spine. The progress note dated August 25, 2015 documented a physical examination that showed range of motion of the cervical and lumbar spine that had worsened since the examination on July 21, 2015. Treatment has included medications (Anaprox DS 550mg since at least February of 2015; Cyclobenzaprine 7.5mg, Tramadol HCL 150mg since July of 2015), and at least seven sessions of acupuncture. Urine drug screen results were not documented in the submitted medical records. The original utilization review (September 11, 2015) non-certified a request for Tramadol HCL 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram/Tramadol HCL 150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has not documented a single required component. There is no documentation of any improvement or benefit in pain or function. There is no documentation of any screening for abuse or side effects. There is long term plan. Not medically necessary.