

Case Number:	CM15-0197591		
Date Assigned:	10/13/2015	Date of Injury:	09/29/2011
Decision Date:	11/23/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/07/2015

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 39 year old male, who sustained an industrial injury on 9-29-2011. Diagnoses include lumbar discopathies, lumbar myofascial pain, lumbar discogenic pain, and right upper extremity compression neuropathy. Treatments to date include activity modification, lumbar support brace, TENS unit, right shoulder injection, physical therapy, home exercise, and Tramadol 50mg daily (since at least 4-3-15 and increased to twice a day on 5-12-15) and Cyclobenzaprine daily (since at least 4-24-15). On 8-11-15, he complained of ongoing low back and neck pain and increasing right shoulder pain. Current medications included Cyclobenzaprine, Naproxen, Tramadol, and Pantoprazole. The medication efficacy was not documented. The physical examination documented tenderness with palpation of the lumbar spine, cervical spine and right shoulder. There was limited range of motion in all areas with swelling and atrophy noted in the shoulder. There was a positive straight leg raise test bilaterally. Muscle spasms were noted in the lumbar and cervical regions. The treating diagnoses included lumbar spondylosis with spinal stenosis and neural encroachment, right shoulder impingement- tendinitis, impending adhesive capsulitis, and rule out cervical disc injury. The plan of care included ongoing medication therapy. The appeal requested authorization for Tramadol 50mg #60. The Utilization Review dated 10-1-15, modified the request to allow Tramadol 50mg #45.

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 Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

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

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 month 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. Therefore, the record does not support medical necessity of ongoing opioid therapy with Tramadol. The request is not medically necessary.