

Case Number:	CM15-0207342		
Date Assigned:	10/26/2015	Date of Injury:	08/30/2010
Decision Date:	12/07/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, California

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 53 [REDACTED] year old female, who sustained an industrial injury on 8-30-2010. The injured worker is being treated for discogenic cervical condition, discogenic lumbar condition, medial and lateral epicondylitis, wrist joint inflammation and chronic pain syndrome associated with depression, sleep disorder and stress. Treatment to date has included diagnostics, medications, injections, work restrictions, TENS, traction, elbow pads, neck pillow, bracing, heat and cold application, chiropractic care, aqua therapy and acupuncture. Per the Primary Treating Physician's Progress Report dated 9-22-2015, the injured worker presented for reevaluation. Objective findings included tenderness along the shoulder girdle musculature with spasm on the left as well as the right is noted. There was tenderness along the sacroiliac joint on the right. There was tenderness along the medial epicondylar surface, more on the right but not to stretch or resisted function. The plan of care included continuation of medications. The IW has been prescribed Tramadol since at least 10-06-2014 and Ultracet (tramadol and acetaminophen) since at least 9-08-2014. Per the medical records dated 11-14-2014 to 9-22-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Authorization was requested for Celebrex 200mg #30, Aciphex 20 mg #30 and Tramadol 150mg #30. On 9-29-2015, Utilization Review non-certified the request for Tramadol 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. In this case, the claimant had been on Trazadone for several months. Long-term use is not recommended. Pain scores were not consistently noted. Continued and chronic use is not medically necessary.