

Case Number:	CM15-0029332		
Date Assigned:	02/23/2015	Date of Injury:	04/01/2009
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/18/2015

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: Preventive Medicine, Occupational 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 54 year old male sustained an industrial injury on 4/1/09, with subsequent ongoing neck, shoulder and back pain. Magnetic resonance imaging cervical spine (6/13/12) showed central canal stenosis. Electromyography/nerve conduction velocity test (4/15/13) showed right medial and sensory neuropathy. Treatment plan included medications, transcutaneous electrical nerve stimulator unit, lumbar brace, epidural steroid injections, facet block, Polar Frost and trigger point injections. In a PR-2 dated 12/17/14, the injured worker reported slightly better pain in the neck and low back rated 3/10 on the visual analog scale after cervical spine epidural (11/25/14). In a PR-2 dated 1/28/15, the injured worker's pain had increased to 5/10 with radiation down the left shoulder. Current diagnoses included cervical stenosis, myofascial pain, cervical radiculopathy, lumbar spondylosis and shoulder pain. The treatment plan included physical therapy and refilling Tramadol. On 2/9/15, Utilization Review noncertified a request for a one month supply of Tramadol HCL 50mg citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month supply of Tramadol HCL 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26, Page 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Tramadol HCL 50mg is not medically necessary.