

Case Number:	CM15-0210440		
Date Assigned:	10/29/2015	Date of Injury:	09/25/2013
Decision Date:	12/10/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	10/26/2015

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:

This injured worker is a 69 year old female, who sustained an industrial injury on 09-25-2013. The injured worker was diagnosed as having cervical spine pain, thoracic spine pain and lumbar spine pain. On medical records dated 08-17-2015, 09-24-2015 and 10-13-2015, the subjective complaints were noted as cervical spine pain, thoracic spine pain and lumbar spine pain. Pain was rated 4-7 out of 10. Objective findings were noted as cervical spine was noted to have range of motion at 50% of full with pain at all end point. Thoracic and lumbar spine, flexion was decreased, Treatments to date included medication. The injured worker was noted to be able to work without restriction 10-13-2015. Current medications were not listed on 08-17-2015, 09-24-2015 or 10-13-2015. The Utilization Review (UR) was dated 10-17-2015. A Request for Authorization was dated 09-24-2015. The UR submitted for this medical review indicated that the request for 1 prescription of Tramadol 50mg #42 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in September 2013 when she was involved in a motor vehicle accident. In August 2015 she had increased pain which was rated at 6-7/10. Physical examination findings included a body mass index over 36. There was decreased and painful cervical and decreased thoracic and lumbar range of motion. Ultram was prescribed for two weeks at 50 mg #42. In September 2015 she was having increased pain. Physical examination findings were unchanged. Tramadol was prescribed again at 50 mg #42 for two weeks. Tramadol is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, the claimant is reported to have increased pain and there are no examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.