

Case Number:	CM15-0212277		
Date Assigned:	11/02/2015	Date of Injury:	07/28/2013
Decision Date:	12/11/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/28/2015

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

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-year-old male, with a reported date of injury of 07-28-2013. The diagnoses include cervical spine degenerative disc disease with radiating symptoms to the left upper extremity; degenerative disc disease at the level of C3-4 and C5-6; facet joint arthropathy at the level of C7-T1; lumbar spine degenerative disc disease with radiating symptoms to the left lower extremity; lumbar spine sprain and strain; low back pain; and bilateral shoulder pain. The progress report dated 07-21-2015 indicates that the injured worker rated his left shoulder pain 6 out of 10 with radiation to the elbow; neck pain rated 7 out of 10 with radiation to the shoulder; bilateral low back pain, rated 7 out of 10 with radiation to the bilateral legs; bilateral knee pain, rated 8 out of 10; and left ankle pain, rated 6 out of 10 with radiation to the heel. The objective findings include decreases lumbar flexion and extension with pain; decreased cervical spine range of motion with pain; tenderness to palpation of the paraspinals from C1-T1; tenderness to palpation of the thoracic paraspinals from C7-T4; tenderness to palpation of the bilateral lumbar paraspinals of L3-4, L4-5, and L5-S1; and bilateral sacroiliac joint tenderness, left greater than right. The injured worker has been instructed to continue with full duty with no limitations or restrictions. The progress report dated 09-11-2015 indicates that the injured worker presented for evaluation of his bilateral shoulders, lumbar spine, and cervical spine. He reported constant neck pain, constant back pain with radiation and numbness and tingling to the right leg down to the right foot and toes, weakness in the right leg associated with prolonged standing, walking, bending, kneeling, squatting, and going up and down stairs, and intermittent pain in his left and right shoulders. The injured worker's rating of his pain was not indicated. The objective

findings include decreased range of motion of the cervical spine with tenderness over C5-6 and C6-7; decreased range of motion of the bilateral shoulders with tenderness over the acromioclavicular and over the deltoid; and decreased range of motion of his lumbar spine with tenderness over the L4-5 and L5-S1. The injured worker's work status has been deferred to the primary treating physician. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Tramadol (since at least 07-2015). The request for authorization was dated 09-29-2015. The treating physician requested Tramadol 50mg #90. On 10-06-2015, Utilization Review (UR) non-certified the request for Tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Tramadol.

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.