

Case Number:	CM15-0221472		
Date Assigned:	11/17/2015	Date of Injury:	09/08/2013
Decision Date:	12/30/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/10/2015

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:

The injured worker is a 37-year-old female, with a reported date of injury of 09-08-2013. The diagnoses include lumbar radiculopathy, low back pain, cervicogenic headaches, and cervicobrachial syndrome. The progress report dated 10-21-2015 indicates that the injured worker had pain from the trapezius to the low back, and was rated 5 out of 10. The progress report dated 09-14-2015 indicates that the injured worker continued to have pain from the trapezius to the low back, which was rated 7 out of 10. The physical examination (09-14-2015 to 10-21-2015) showed mild pain; a normal gait; no cervical lordosis, asymmetry, or abdominal curvature of the cervical spine; and pain in the bilateral shoulders with radiation to the bilateral trapezius and triceps. It was noted that the injured worker could work with temporary restrictions. She was not yet permanent and stationary. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Ibuprofen, Acetaminophen extra-strength, Tramadol (since at least 04-2015), Terocin patch, Lidoderm patch, physical therapy, and acupuncture. The treating physician requested Tramadol HCL 50mg #60 with one refill. On 10-30-2015, Utilization Review (UR) non-certified the request for Tramadol HCL 50mg #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL tab 50mg #60 with one refill Rx date: 10/22/2015: Upheld

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

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 based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in September 2013 when she was assaulted and is being treated for injuries to the back, head, upper extremity, and abdominal wall. In May 2015 tramadol was decreasing pain from 8/10 to 4/10. When seen in October 2015 she had been out of medications for two months. Previous medications were ibuprofen, Tylenol, and tramadol. Pain was rated at 5/10. Physical examination findings included appearing in mild pain. There was poor posture. Tramadol and ibuprofen were requested. Tramadol is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED was less than 120 mg per day, there was no clinically significant difference in pain scores when the claimant had been out of this medication for two months. There were no specific examples of how this medication had resulted in an increased level of function or improved quality of life. Prescribing tramadol again at the same dose was not medically necessary.