

Case Number:	CM15-0036396		
Date Assigned:	03/04/2015	Date of Injury:	10/31/2011
Decision Date:	04/10/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 56 year old female who sustained an industrial injury on 10/31/11. She reports neck and back pain. Diagnoses include herniated nucleus pulposus of the cervical and lumbar spine, cervical and lumbar radiculopathy, bilateral shoulder impingement bursitis, and bilateral acromioclavicular joint arthrosis. Treatments to date include chiropractic treatment, medications, and gym membership. In a progress note dated 12/10/14, the treating provider recommends treatments with Naproxen, tramadol, CM4 caps, and a gym membership. On 01/28/15, Utilization Review non-certified the tramadol citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg (Unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Tramadol/APAP 37.5/325mg (Unspecified quantity) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The request as written does not indicate a quantity. The MTUS does not support ongoing opioid use without evidence of functional improvement. Without a specified quantity, this request is certified as not medically necessary.