MAXIMUS Federal Services

Case Number:	CM15-0041468		
Date Assigned:	03/11/2015	Date of Injury:	03/28/2013
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/04/2015

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: Connecticut, California, Virginia
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 43 year old female injured worker suffered an industrial injury on 3/28/2013. The diagnoses include cervical strain with cervical disc disease, bilateral lateral epicondylitis, right cubital tunnel syndrome, early left cubital tunnel syndrome, thoracic strain, left hip pain, lumbar radiculitis and facet arthropathy. The diagnostic studies noted include lumbar and thoracic magnetic resonance imaging and electromyography. Treatments have included medications. The treating provider reported pain in the neck and mid back region 8 to 9/10 with pain in the bilateral upper extremities along with positive trigger points in the cervical and thoracic region. A request for Tramadol was made for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, two (2) times per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: A request for Tramadol was denied by utilization review based on lack of evidence of functional improvement. The most recent records provided do not document any evidence of objective or functional improvement (a note dated Feb 2, 2015 describes continued pain and no objective changes on physical exam). It appears that weaning recommendations have been made by utilization review, providing a reasonable approach to medication discontinuation supported by the MTUS. Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. Consideration of other pain treatment modalities and adjuvants is also recommended. With no evidence of functional improvement on the medication and a plan apparently in place for further injections and potentially more effective treatment modalities, the quantity of Tramadol initially requested is not considered in the opinion of this reviewer to be medically necessary and appropriate.