

Case Number:	CM15-0042035		
Date Assigned:	03/12/2015	Date of Injury:	04/09/2014
Decision Date:	04/22/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on April 9, 2014. He reported neck, upper back, left trapezius/scapula, and bilateral shoulder injuries. The injured worker was diagnosed as having a major depressive disorder, single episode, unspecified psychological factors affecting medical condition. Treatment to date has included psychotherapy and medications. On January 22, 2015, the injured worker complains of depression, changes in appetite and weight, sleep disturbance, lack of motivation, agitation, difficulty thinking, excessive worry, restlessness, tension, anticipation of misfortune, inability to relax, pressure, difficulty falling asleep and staying asleep, tension headache, muscle tension, increased pain, and erectile dysfunction. He reports he is able to concentrate better, yell less, and is less panicky. The physical exam revealed he was soft spoken with a depressed facial expression and visible anxiety. The treatment plan includes antidepressant, pain, anti-anxiety, and sleep medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #90 with 2 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: The patient presents with cervical spine, thoracic spine, and left shoulder pain. The physician is requesting Tramadol 50 Mg Quantity 90 with Two Refills. The RFA from 01/22/2015 shows a request for tramadol 50 mg TID. The patient's date of injury is from 04/09/2014 and he is currently off work. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of Tramadol use. The 01/27/2015 progress report notes tenderness to palpation in the cervical spine, thoracic spine, and lumbar spine. Range of motion is diminished in the cervical spine, thoracic spine, lumbar spine and left shoulder. The patient's current list of medications include hydrocodone/APAP, Ambien, BuSpar, and Wellbutrin. The physician would like to trial tramadol for pain. In this case, a trial of tramadol is appropriate to study the effects and benefits of its use. The request IS medically necessary.