

Case Number:	CM15-0048274		
Date Assigned:	03/20/2015	Date of Injury:	11/04/2013
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/13/2015

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 56 year old male who sustained an industrial injury on 11/4/13. He currently complains of achy neck pain associated with numbness and tingling, stabbing low back pain with radiation to bilateral lower extremities and with numbness and tingling, sharp bilateral knee pain. The pain intensity for all regions is 7-8/10. Medications include alprazolam, omeprazole, flurbiprofen, quazepam, gabapentin cream. Diagnoses include motor vehicle accident resulting in occipital headaches; post-concussion syndrome; sleep disturbances; mood disturbances; depression; post traumatic headaches; cervical myospasm, pain, radiculopathy, sprain/strain; rule out cervical disc protrusion; thoracic muscle spasm, pain, sprain/ strain; right knee pain, sprain/ strain; rule out right knee internal derangement and meniscus tear; left knee sprain/ strain, pain; rule out left knee meniscus tear. Treatments to date include trigger point's impedance imaging (7/25/14), medications which relieve pain, physical therapy. Diagnostics include computed tomography of the brain (6/9/14) which was negative. In the progress note dated 1/15/15 the treating provider defers medications to follow up with medical doctor. The progress note dated 10/29/14 indicates in the plan of care the prescription for Tramadol ER for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride Extended Release 150mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for use of Opioids; Opioids for Chronic Pain; Weaning of Medications Page(s): 93-94; 78; 80-81; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in November 2013 and continues to be treated for widespread pain after a work related motor vehicle accident. Medications are referenced as providing pain relief. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Tramadol ER was medically necessary.