

Case Number:	CM15-0048351		
Date Assigned:	03/20/2015	Date of Injury:	05/06/2014
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 34 year old female, who sustained an industrial injury on May 6, 2014. The injured worker had reported a neck, back and head injury related to a fall. The diagnoses have included post-concussion syndrome, depressive disorder, post- traumatic headache, visual disorder and anxiety state. Treatment to date has included medications, injections, physical therapy and a Function Capacity Evaluation. Current documentation dated January 20, 2015 notes that the injured worker reported neck pain and headaches. Physical examination was not performed but complaints included spasms of the bilateral paraspinal muscles and bilateral upper trapezius muscles. The treating physician's plan of care included a request for Ultram ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg TB24 #30 plus 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain scores were not provided. The length of use or failure of Tylenol or Tramadol (Ultram) weaning was not noted. The recent exam did not include a physical. The continued use of Ultram was not substantiated and therefore not medically necessary.