MAXIMUS Federal Services

Case Number:	CM15-0050315		
Date Assigned:	04/21/2015	Date of Injury:	02/02/2012
Decision Date:	05/21/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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: Florida
Certification(s)/Specialty: Neurology, 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 49 year old female, who sustained an industrial injury on February 2, 2012. The injured worker has been treated for head, low back, bilateral shoulder, right knee, left wrist, left ankle and headache complaints. The diagnoses have included impingement syndrome, complex regional pain syndrome left upper extremity, tear medial meniscus left knee, head trauma, post traumatic headache, stiff shoulder bilaterally, lumbar spine strain, inflammatory process of the left wrist and left ankle, cephalgia and hypertension. Treatment to date has included medications, radiological studies, acupuncture treatments and an H-wave unit. Current documentation dated February 18, 2015 notes that the injured worker reported daily headaches, left wrist and knee pain and left shoulder pain radiating down the left arm with associated numbness. Physical examination of the neck revealed tenderness, spasms and a decreased range of motion. Examination of the left wrist showed tenderness, a full range of motion and negative Tinel's and Phalen's signs. Left shoulder examination revealed tenderness and a markedly decreased range of motion. The injured worker was also noted to have tenderness of the thoracic spine, lumbar spine and left sacroiliac joint. The treating physician's plan of care included a request for the medication Tramadol 37.5/325 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325 # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medications Page(s): 74-95 and 124.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: ODG guidelines support opioid treatment for patients that have not responded to first line therapy and who have been screened for opioid risk of use and have ongoing opioid mitigation tools being used. The medical records indicate acute pain but do not document failure of first line therapies such as PT and use of NSAID before proceeding to opioid. There is also no documentation in the medical records of opioid risk mitigation tool assessment or use. As such the medical records do not support use of hydrocodone congruent with ODG guidelines for treatment with opioids, and the request is not medically necessary.