

Case Number:	CM15-0052443		
Date Assigned:	03/27/2015	Date of Injury:	09/07/2013
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/19/2015

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 42 year old female who was assaulted and sustained an industrial injury on September 7, 2013. The injured worker was diagnosed with multi-level degenerative disc disease, tension headaches, post-traumatic stress disorder and depression. The injured worker has a medical history of hypertension and diabetes mellitus. The injured worker underwent a cervical epidural steroid injection (ESI) on November 18, 2014. A cervical spine magnetic resonance imaging (MRI) was performed on May 19, 2014 and an Electromyography (EMG) of the bilateral lower extremities on May 30, 2014. According to the primary treating physician's progress report on January 6, 2015 the injured worker was evaluated for chronic neck pain and continues to experience some pain in left cervicobrachial region. The injured worker expressed 50% reduction in pain from the cervical epidural steroid injection (ESI) in November. She denies any radiating upper extremity pain and her hand strength has improved. Examination of the cervical spine demonstrated tenderness to palpation over the paraspinal muscles with full range of motion and intact sensation. Motor strength was 5/5 in the bilateral upper extremities. The injured worker has returned to full work duty without restrictions. Current medications are listed as Tramadol, Venlafaxine, Colace and diabetic medications. Treatment plan consists of continue with physical therapy and the current request for prescribed pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5mg, #90 (2-3 times a day for pain): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) and Opioids, specific drug list Page(s): 11-12, 93-94.

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 neck pain, the claimant's pain improved 50% with a recent epidural injection 10-6/10) and down to 3-4/10 with oral medications. However, there was no indication of Tylenol failure or attempt to weaning the medication. The claimant had been on Tramadol for several months and long-term use is not indicated. The continued use of Tramadol/APAP is not medically necessary.