

Case Number:	CM15-0053707		
Date Assigned:	03/27/2015	Date of Injury:	06/25/2013
Decision Date:	05/01/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/20/2015

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: Preventive Medicine, Occupational Medicine

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 38 year old male who sustained a work related injury June 25, 2013. While on scaffolding, he fell approximately 15 feet and hit his head with possible loss of consciousness. He was admitted through the emergency room and received intravenous fluids, medication, CT head, x-rays, labs, and urine toxicology (positive). He was admitted for pain control, physical therapy evaluation, and trauma tertiary. Assessment documented as lower back, right shoulder pain, s/p traumatic fall, and occipital head laceration with staples. According to a primary treating physician's progress report, dated February 25, 2015, the injured worker presented for re-evaluation of the neck, low back, right shoulder, and concussion to the head. He has gained 60 pounds and has had issues with sexual dysfunction and gastritis. Diagnoses are concussion; discogenic cervical condition with facet inflammation and headaches; discogenic lumbar condition with facet inflammation and right sided radiculopathy as well as compression fracture L1; right shoulder impingement, acromioclavicular joint inflammation and rotator cuff strain. Treatment plan included lab work, consultations for neck and gastrointestinal issues, CT scan and MRI of the brain, authorization for medications and chiropractic treatment, neck traction and air bladder, neck pillow, and 4-lead TENS unit with garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the judicious use of opioids when there is meaningful pain relief and functional benefits. The use of Opioids (Tramadol) does not meet these standards in this individual. There is no reporting of pain relief, how or even if the medication is utilized, and there are no changes in function as a result of use. Under these circumstances the continued use of Tramadol 50mg. #60 is not supported by Guidelines and is not medically necessary.