

Case Number:	CM15-0054377		
Date Assigned:	03/27/2015	Date of Injury:	01/15/2010
Decision Date:	05/04/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 35-year-old female who sustained an industrial injury on 1/15/2010. Her diagnoses, and/or impressions, include "HNP" cervical with canal stenosis; cervical and lumbar myofascial pain; "HNP" with bilateral lumbar foraminal stenosis; Medication-induced gastritis; iliac crest insertional pain with symptomatic improvement after trigger point injections; and right sacroiliitis. No current magnetic resonance imaging studies are noted. Her treatments have included trigger point injection therapy, modified work duties and medication management. The physician's notes of 1/23/2015 report a 60% increase in radiating neck pain into the upper back, pain with pins/needles to the forearms and bilateral hands; burning & radiating mid & low back pain, with pins/needles, into the right hip and down into the thigh and feet; and worsening radiating pain in the right shoulder down into the elbow and hand; since running out of Tramadol and Norco. The requested treatments included a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 78, 124.

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

Decision rationale: Tramadol ER 100mg, #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long term opioids without significant objective functional improvement as defined by the MTUS. Additionally the patient stated on 12/22/14 that she noticed her hair falling out and read that this could be a side effect of Tramadol and would like to decrease this medication to once daily. For all of these reasons the request for Tramadol is not medically necessary.