

Case Number:	CM15-0059222		
Date Assigned:	04/03/2015	Date of Injury:	04/05/2012
Decision Date:	05/04/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 57 year old female, who sustained an industrial injury on 04/05/2012 reported neck pain, shoulder pain and low back pain after a box fell on her and was diagnosed with cervical strain and lumbar strain. On provider visit dated 02/02/2015 the injured worker has reported neck pain, upper extremity pain and low back pain. On examination objective findings were unremarkable. The diagnoses have included cervical and lumbosacral sprain/strain injury, lumbosacral disc injury, cervical radiculopathy and myofascial pain syndrome. Treatment to date has included medication, x-ray and MRI. The provider requested Tramadol 37.5-325mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5-325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 57 year old female with an injury on 04/05/2012. A box fell on her and she has neck pain and back pain. On 02/02/2015 the objective examination was unremarkable. MTUS, Chronic Pain guidelines for on-going opiate treatment require documentation of improved functionality with respect to the ability to perform activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review did not meet these criteria and ongoing Tramadol is not medically necessary. The patient should be weaned from opiates.