

Case Number:	CM15-0059529		
Date Assigned:	04/03/2015	Date of Injury:	10/24/2006
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/28/2015

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: Ohio, North Carolina, Virginia
 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 55 year old male/female, who sustained an industrial injury on 10/24/2006. The details regarding the initial injury were not included in the medical records submitted for this review. Diagnoses include cervical and lumbar discopathy, cervical radiculopathy, lumbar radiculopathy, left shoulder impingement syndrome, and chronic pain. He is status post shoulder surgery in 2009. Treatments to date include medication therapy, physical therapy, acupuncture treatment, epidural steroid injections, and a home TENS unit. Currently, he complained of neck pain associated with numbness to bilateral upper extremities, bilateral occipital headaches and low back pain associated with bilateral lower extremity symptoms. The pain is rated 9/10 with medication and 10/10 without medication. On 2/13/15, the physical examination documented tenderness, spasm and decreased range of motion in the cervical and the lumbar spine. The plan of care included continuation of home exercise and medication therapy including Tramadol as ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Those prescribed opioids such as Tramadol chronically require ongoing assessment of functional status, pain relief, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality and/or the injured worker has returned to work. In this instance, the medical record reflects pain relief from the tramadol of varying percentages. The documentation reflects improvement in the functional regions of walking, mobility, sleep, and sitting. Frequent urine drug screening shows results consistent with prescribed medication. Minimal medication side effects are noted. Therefore, Tramadol 50 mg BID #60 is medically necessary. This opinion differs with the utilization reviewer who felt that the 20-40% pain relief with medication was insignificant. This reviewer believes that a 20-40% pain improvement with medication is significant and therefore the criteria for pain relief has been satisfied. The other essential elements have been satisfied as detailed above.