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| Case Number: | CM15-0082328 | | |
| Date Assigned: | 05/04/2015 | Date of Injury: | 01/01/2001 |
| Decision Date: | 06/04/2015 | UR Denial Date: | 04/23/2015 |
| Priority: | Standard | Application Received: | 04/29/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on 01/01/2001. She has reported subsequent neck pain and was diagnosed with cervical strain and chronic pain syndrome. Treatment to date has included oral pain medication. In a progress note dated 04/09/2015, the injured worker complained of worsening pain but there was no documentation as to the location of the pain. Objective findings were notable for positive cervical and lumbar tenderness, paraspinal muscle spasms and decreased range of motion of the cervical and lumbar spine. A request for authorization of Tramadol was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2001 and continues to be treated for chronic pain. When seen, she had increasing symptoms. Physical examination findings included decreased cervical and lumbar spine range of motion with tenderness and muscle spasms. Medications are referenced as required in order to function and complete activities of daily living. Tramadol is being prescribed at a maximum daily MED (morphine equivalent dose) of 40 mg. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing improved function. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of tramadol was medically necessary.