

Case Number:	CM15-0083743		
Date Assigned:	05/05/2015	Date of Injury:	05/19/2001
Decision Date:	06/05/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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, who sustained an industrial injury on 05/19/2001. According to a progress report dated 04/09/2015, the injured worker complained of increased neck pain that radiated down his arms into his hands with numbness about his fingers. He also reported weakness in his right hand, low back pain and difficulty sleeping due to pain. The injured worker was utilizing Norco one tablet three to four times a day for pain and Zanaflex one tablet three times a day for muscle spasms. He denied any side effects from his medication. Overall, he noted functional improvement and improvement in pain with his current medication regimen. Pain was rated 2-4 on a scale of 1-10 with the use of his medications and 6-8 without medications. He reported improvement with activities of daily living and increased ability to sit, stand walk and reach as a result of his current medication use. Diagnoses included strain/sprain of the cervical spine superimposed upon posterior disc protrusion at C5-C6, C6-C7, C7-T1 and T1-T2, status post left shoulder arthroscopy with debridement of SLAP lesion, status post non-displaced distal fracture of the right elbow healed, status post anterior and posterior lumbar fusion L3 to S1, contusion on neuroma left knee healed, status post arthroscopy, meniscectomy and chondroplasty of the right knee, chronic myofascial pain syndrome and cervical radiculopathy. Treatment plan included pain management evaluation for a possible cervical epidural steroid injection, Norco, Zanaflex and a trial of Tramadol ER and a urine drug screen at the next visit. Currently under review is the request for Tramadol extended release 100mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol extended release 100mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 55 year old male has complained of neck pain, low back pain and hand pain since date of injury 5/19/01. He has been treated with physical therapy, surgery and medications to include opioids since at least 09/2014. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not medically necessary.