

Case Number:	CM15-0084904		
Date Assigned:	05/07/2015	Date of Injury:	11/21/2002
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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: California
 Certification(s)/Specialty: Emergency 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 48 year old female, who sustained an industrial injury on 11/21/2002. The initial complaints or symptoms included neck and back pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, x-rays, MRIs, electrodiagnostic testing, injections, and CT discogram at L4-S1. Currently, the injured worker complains of gradually worsening neck pain, mid back pain and low back pain after undergoing a trigger point injection on 01/27/2015. The injured worker reported a 50% decrease in pain after the injection. The injured worker rated her pain as a 7-8/10 and reports associated symptoms of numbness in the bilateral upper extremities, weakness in both hands, headaches, and numbness on the center and right side of head. The injured worker's current medication regimen consisted of nortriptyline, Prilosec and Ketoprofen cream with good relief. The diagnoses include cervical facet arthropathy, cervical myofascial strain, cervicalgia, lumbago, lumbar myofascial strain, cervical radiculitis, and lumbar radiculitis. The request for authorization included tramadol/APAP (denied) and nortriptyline HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol / APAP 37.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: This medication contains acetaminophen and Tramadol, a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has been on Tramadol for at least 1 month and has been denied acetaminophen with codeine and Norco before that. The provider has continued to fail to report any objective or functional improvement with opioid therapy. Patient has had medication changed by the provider from Norco to Tylenol with codeine and finally to Tramadol with each UR denial. Current documentation fails to support use of Tramadol. There is no objective improvement in pain or functional improvement. There is claim of "50%" pain after trigger point injection but pain of neck is contradictory and is noted as 6-7/10 while low back pain is still noted as 7-8/10. The lack of efficacy on Tramadol does not support continued use. Tramadol/APAP is not medically necessary.