

Case Number:	CM15-0087205		
Date Assigned:	05/11/2015	Date of Injury:	10/13/2014
Decision Date:	06/23/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/06/2015

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: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 10/13/2014. He reported injury of the head after being hit on the top of his head with a door. The injured worker was diagnosed as having cervical facet syndrome, cervical pain, post-concussion headache, cervical spine sprain/strain, and closed head trauma. Treatment to date has included medications, x-rays, and physical therapy. The request is for Tramadol HCL. On 10/15/2014, he was seen in the emergency department for complaint of headache and nausea. On 1/21/2015, he complained of head, back and shoulder blade pain. He is reported to not be working. He felt as if he had regressed with his pain after going 3 weeks without physical therapy. On 3/19/2015, he complained of neck pain with radiation into the right arm. He indicated his pain level for headache to be 10/10. He reported that Gabapentin and Naproxen barely help, and Norco alleviated his pain. The treatment plan included trial of Tramadol HCL, Trazodone, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg, one tablet twice daily as needed #60: Overturned

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

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with acute onset and flare-up of pain, unable to work due to sudden progression of pain and clinical findings. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have functional benefit in light of the acute flare and progressive deterioration. The Tramadol HCL 50mg, one tablet twice daily as needed #60 is medically necessary and appropriate.