

Case Number:	CM15-0233916		
Date Assigned:	12/09/2015	Date of Injury:	07/21/2010
Decision Date:	01/14/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/30/2015

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: New York, West Virginia, Pennsylvania
 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 43 year old male, who sustained an industrial injury on July 21, 2010. The injured worker was currently diagnosed as having shoulder pain, medial epicondylitis and cervicalgia. Treatment to date has included diagnostic studies, injection and medications. On October 15, 2015, the injured worker complained of pain in the head, upper back, neck, right shoulder and right wrist with radiation to both arms. The pain was associated with tingling and numbness in the arms and hands as well as weakness in the arms, hands and legs. The pain was rated as a 7 on a 0-10 pain scale. The pain was aggravated by bending forward, bending backwards, reaching, stooping, crawling, walking, doing exercises, coughing or straining and prolonged standing. He described the pain as sharp, dull, aching, pressure-like, shooting, electric-like and burning with muscle pain and pins and needles sensation. The pain decreases with medications, sitting, doing exercises, lying down, relaxing, pushing shopping cart and leaning forward. The treatment plan included Tramadol, Anaprox, Omeprazole, Trazodone and a follow-up visit. On November 3, 2015, utilization review denied a request for Tramadol 50mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date and the patient has been taking Tramadol since 2/2014, which exceeds guideline recommendations. Therefore, the request for Tramadol 50 mg #60 with 2 refills is not medically necessary.