

Case Number:	CM14-0165153		
Date Assigned:	11/13/2014	Date of Injury:	04/30/2011
Decision Date:	12/15/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39 year old male who had a work injury dated 4/30/11. The diagnoses include status post 18 foot fall with multiple orthopedic injuries including sacroiliac fractures with displacement of the superior and inferior pubic rami fractures; cervicgia; post traumatic head syndrome with Cephalgia; cervical sprain/strain; cervical spine mild degenerative disc disease at C5-6; bilateral shoulder sprain/strain with shoulder impingement syndrome; left shoulder, posterior subluxation of the glenohumeral joint with joint effusion; moderate tendinosis of the supraspinatus and infraspinatus tendons; and an anterior subacromial spur which can predispose to impingement, per MRI 8-12-13; left elbow sprain/strain/contusion, resolved; transverse process fractures, L2 through L4. Under consideration are requests for Tramadol / APAP 50mg #60. An 8/20/14 progress note states that the patient feels his condition has worsened since he was last seen in this office. The patient complains of pain to the cervical spine. He notes that the pain is constant in terms of frequency. Range of motion is limited. He complains of constant pain to the low back greater to his left than right, which radiates to his bilateral lower extremities. He notes that the pain has radiated to his left hip and down to both legs. He feels an increase in pain with increased movements. Range of motion is reduced. He continues to experience lumbar spine symptomology. He returns to the office for a flare-up in his low back He has completed 6 out of 6 sessions of acupuncture treatment directed to the cervical spine, bilateral shoulders, lumbar spine, and bilateral knees in May 2014. On exam there is tenderness of the cervical spine with decreased range of motion. The treatment plan included a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol / APAP 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Tramadol / APAP 50mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. Per documentation the patient was on Tramadol from May of 2012 through February 2014 and then Tramadol was prescribed in August 2014. The documentation does not indicate evidence of functional improvement on prior Tramadol therefore it would not be medically necessary or appropriate to resume Tramadol. The request for Tramadol / APAP 50mg #60 is not medically necessary.