

Case Number:	CM14-0190912		
Date Assigned:	11/24/2014	Date of Injury:	07/01/2014
Decision Date:	01/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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 Emergency Medicine and is licensed to practice in Wisconsin. 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 injured worker is a 29-year-old male who reported an injury on 07/01/2014. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical and thoracic herniated nucleus pulposus, cervical radiculopathy, lumbar radiculopathy, and lumbar facet arthropathy at L4-5 and L5-S1. Previous treatments included physical therapy, acupuncture, injections, and surgery. Diagnostic testing included an MRI dated 07/08/2014 which revealed no spinal stenosis. There was a subtle 2 mm right parasagittal focal disc bulge at L4-5 which impressed only slightly on the ventral aspect of the sac and did not cause any impediment to the emergence of the nerve roots. On the clinical note dated 10/14/2014, it was reported the injured worker complained of neck pain and back pain. He rated his pain 7/10 to 8/10 in severity. He reported his low back pain was worse than his neck pain. He complained of pain, numbness and tingling, and weakness in the left arm which radiated down the hand. On the physical examination, the provider noted the injured worker had tenderness to palpation of the cervical, thoracic, and lumbar spine. The cervical range of motion was noted to be flexion at 30 degrees and extension at 40 degrees. The injured worker had decreased sensation at the left C5, C6, C7, and C8 dermatomes. There was decreased sensation at the left L3, L4, L5, and S1 dermatomes. A request was submitted for Tramadol ER 150 mg. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated on 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78.

Decision rationale: The request for 1 prescription for Tramadol ER 150 mg #30 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted did not provide an adequate and complete pain assessment within the physical examination. The use of a urine drug screen was not submitted for clinical review. Additionally, the request submitted did not list the frequency of the medication. Therefore, the request is not medically necessary.