

Case Number:	CM14-0215879		
Date Assigned:	02/12/2015	Date of Injury:	06/29/2006
Decision Date:	05/14/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58-year-old female, who sustained an industrial injury on June 29, 2006. She reported that when moving a patient she felt a pulling sensation in her back and right arm. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy, displacement of thoracic intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, and depression. Treatment to date has included MRI, physical therapy, chiropractic treatments, x-rays, electromyography (EMG)/nerve conduction study (NCS), myelogram, acupuncture, and medication. Currently, the injured worker complains of cervical, thoracic, and lumbar spine symptoms. The Primary Treating Physician's report dated November 22, 2014, noted the cervical, thoracic, and lumbar spine with decreased range of motion (ROM) and spasms, with positive bilateral straight leg raise. The treatment plan included a request for authorization for a pain management referral, acupuncture, chiropractic treatments, and medications including Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 58 year old female has complained of neck pain and back pain since date of injury 6/29/06. She has been treated with physical therapy, acupuncture and medications to include opioids since at least 09/2014. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Based on the lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.