MAXIMUS Federal Services

Case Number:	CM14-0085510		
Date Assigned:	07/23/2014	Date of Injury:	07/01/2005
Decision Date:	06/22/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/09/2014

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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old woman sustained an industrial injury on 7/1/2005 after grabbing a file. Diagnoses include cervical facet joint arthropathy which is greater on the left, left intrinsic shoulder pain after two rotator cuff repair procedures, myofascial pain in the left levator scapula and trapezius region, cervical multiple disc osteophyte complexes, cervical spinal stenosis, cervical and myofascial pain. Treatment has included oral medications, TENS unit, and cervical medical branch nerve block. Physician notes dated 4/25/2014 show increased pain in her left neck to the scapular and shoulder region. Recommendations include Tramadol, left cervical medical branch block, and follow up after procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg, #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Tramadol for nearly a year. Recently it was used in combination with muscle relaxants and NSAIDS. Although there was mention in improvement in pain, the amount was not quantified by VAS scores and pain relief attributed to Tramadol was no provided. Future benefit of Tramadol cannot be determined in advance. The request for Tramadol with 2 additional refills is not medically necessary.