

Case Number:	CM15-0002086		
Date Assigned:	01/13/2015	Date of Injury:	11/29/2011
Decision Date:	03/13/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female who reported an injury on 11/29/2011. The mechanism of injury was not stated. The current diagnoses include radial styloid tenosynovitis, low back pain, carpal tunnel syndrome, spinal stenosis in the cervical region, and chronic pain syndrome. The injured worker presented on 12/19/2014 with complaints of headaches. The injured worker utilized tramadol twice per day. Additional medications include lidocaine 5% patch, Soma 250 mg, Tylenol 325 mg, and Wellbutrin 75 mg. There was no physical examination provided on the requesting date. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. It is unclear how long the injured worker has utilized tramadol 50 mg. There was no documentation of objective functional improvement. There was no recent physical examination provided. The medical necessity has not been established in this case. Additionally, there was no frequency listed in the request. As such, the request is not medically appropriate.