

Case Number:	CM15-0011069		
Date Assigned:	01/28/2015	Date of Injury:	05/27/2010
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey, New York
 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:

The injured worker is a 60- year old male, who sustained an industrial injury on May 27, 2010. He has reported injury due to repetitive motion. The diagnoses have included cervical disc degeneration, cervical radiculopathy, lumbar disc displacement, lumbar radiculopathy, status-post fusion of the lumbar spine, lumbar spinal stenosis, right knee pain, chronic pain, status post right knee surgery, umbilical hernia repair and L5-S1 disc protrusions/extensions. Treatment to date has included right shoulder arthroscopy, L4-S1 interbody fusion, physical therapy, knee surgery, epidural steroid injections, pain medications, TENS therapy and regular follow up. Currently, the IW complains of spasm in the lumbar spine at the cervical level at the C4-C7 level and range of motion was severely limited due to pain. Pain was reported to increase with flexion, extension and rotation. Exam also revealed tenderness in the cervical spine and the right upper extremity. A magnetic resonance imaging of the lumbar and cervical spine revealed multiple disc protrusions. On December 24, 2014, the Utilization Review decision non-certified a request for Tramadol ER 150mg, count 120, noting that opioids were recommended for short-term usage with documentation reflecting functional improvement and attempts to wean. There should also be documentation of a pain contract between the worker and the physician. Per the documentation, there was insufficient documentation to support the continued use. The MTUS, Chronic Pain Medical Treatment Guidelines and the ODG were cited. On January 20, 2015, the injured worker submitted an application for IMR for review of Tramadol ER 150mg, count 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 113/ 91, 77, 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tramadol is medical unnecessary. There is no documentation of what his pain was like previously and how much Tramadol decreased his pain. There was no objective documentation of improved functional capacity. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. Because of these reasons, the request for Tramadol is considered medically unnecessary.