

Case Number:	CM15-0011961		
Date Assigned:	01/29/2015	Date of Injury:	09/24/2010
Decision Date:	03/27/2015	UR Denial Date:	12/22/2014
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: California, Illinois
 Certification(s)/Specialty: Internal Medicine

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 55-year-old female who reported injury on 09/24/2010. The mechanism of injury was not provided. The documentation of 01/19/2015 revealed the injured worker had complaints of low back, neck, bilateral legs and feet, bilateral shoulders and arms, and upper back pain. The injured worker indicated that she found relief with rest, medications, and massages. The mechanism of injury was not provided. Her average pain with medication was 6/10. The current medications included Ativan 1 mg and tramadol 50 mg 1 to 2 tablets every 12 hours. The assessment indicated the injured worker was in for her monthly medication refill of Ativan. The physical examination revealed the injured worker was in no acute distress. The treatment plan included the injured worker's tramadol 50 mg when increased up to 5 per day for breakthrough pain did not provide additional relief and caused excessive sedation. The injured worker was continuing to utilize tramadol 150 mg daily as needed and had trouble sleeping through the night. The injured worker was noted to be able to perform light house chores with multiple breaks, could walk with the aid of a walker, and was able to care for herself with some assistance. Additionally, the documentation indicated the tramadol ER would be discontinued and there would be an institution for a trial of Butrans. The injured worker was to continue with Cymbalta and Ativan. The injured worker was to continue self physical therapy. The diagnoses included lumbago, other chronic pain, and unspecified myalgia and myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #15 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend benzodiazepines for injured workers for chronic pain for more than 4 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been on the medication for an extended duration of time. There was a lack of documentation indicating a necessity for 1 refill. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of objective functional benefit received with the medication. Given the above and the lack of documentation, the request for Ativan 1 mg #15 is not medically necessary.

Tramadol ER 105mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured workers average pain level with medication was 6/10. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Additionally, this medication was noted to be stopped on 01/19/2015. The request as submitted was for 105 mg of tramadol ER. This dosage is incorrect. The dosage would be 150 mg. This dosage written in error was not part of the decision for nonsupport. Given the above and the lack of documentation of exceptional factors, the request for tramadol ER 105 mg #30 is not medically necessary.

Tramadol 50mg #75: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional benefit and an objective decrease in pain, per the VAS. There was a lack of documentation that the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg #75 is not medically necessary.