

Case Number:	CM15-0012560		
Date Assigned:	01/30/2015	Date of Injury:	10/29/2001
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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: Ohio, North Carolina, Virginia
 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 49 year old female, who sustained an industrial injury on 10/29/2001 while assisting a client to the restroom, the client fell and, pulling the patient down on her. The diagnoses have included lumbago, thoraco-lumbar neuritis or radiculitis, lumbar sprain, lumbosacral joint ligament sprain, cervical radiculopathy and spasm of muscle. Treatment to date has included back brace, medications, chiropractic, cervical epidural steroid injections, and activity modifications. Cervical magnetic resonance imaging (MRI) dated 1/02/2008 showed 2mm disc protrusions at C4-7. Lumbar MRI (no date provided) showed 2.5mm disc protrusions at L2-S1. EMG (electromyography) testing dated 5/20/2009 revealed mild bilateral median nerve compression at the carpal tunnels and no radiculopathy. Currently, the IW complains of worsening neck and back pain with tingling on the hands, arms and fingers with worsening radicular symptoms down both legs and arms with new swelling in the legs. Pain is rated as 4/10 with medications and 8/10 without. The pain is described as sharp, achy, throbbing, and burning with radiation to the bilateral lower extremities and left shoulder. Objective findings included cervical and trapezius tenderness and spasm left greater than right. There is bilateral tenderness and spasm of L3-5 paraspinal muscles. There is decreased range of motion to the cervical and lumbar spine. There is a positive Tinel's sign of the bilateral wrists. She ambulates with a limp. On 1/07/2015, Utilization Review non-certified a request for Tramadol ER 150mg #30 noting that the medication is not recommended as a first line treatment and weaning is recommended. The MTUS was cited. On 1/22/2015, the injured worker submitted an application for IMR for review of tramadol ER #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg 1 day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 113, 43, 74, 76-78, 80, 86, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if pain and functioning improve and/or the injured worker has regained employment. In this instance, a trial of Tramadol ER was initiated on 9-4-2014. Prior to the trial, the injured worker described her pain at 8/10 without medication and a 4/10 with medication that included Vicodin ES 7.5/500 twice daily, Soma twice daily, Valium 10 mg daily as needed for spasm, and topical analgesics. Her function was said to be improved on medication as evidenced by her ability to care for her 2 year old grandchild. In the three months since the Tramadol trial began, pain levels have remained unchanged on the VAS scoring system and no increase in functionality has been described. Therefore, Tramadol ER 150mg 1 day #30 is not medically necessary. A reduced quantity was already certified to allow for weaning.