

Case Number:	CM15-0014013		
Date Assigned:	02/02/2015	Date of Injury:	02/03/2010
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/24/2015

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, Arizona

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 49-year-old male who reported an injury on 02/03/2010. The mechanism of injury reportedly occurred when he fell off a ladder and broke his wrist. His diagnoses included cervical strain, thoracic strain, lumbar strain, and closed hamate fracture. Medications included venlafaxine, tramadol/APAP. Surgical history was not provided. Diagnostic studies were not provided. Other therapies were noted to include meds, exercise, TENS unit, and cognitive-behavior therapy. On 01/05/2015, the injured worker was seen for low back pain he rated the pain 8/10. It increased with cold weather. The injured worker had no side effects from medications. It had improved with the venlafaxine. The injured worker has a psych AME scheduled for 01/12/2015. Upon examination of the lumbar, there was decreased range of motion with forward flexion up to ankles. Pain elicited with walking on toes. There was tenderness to palpation and spasms on the right of the thoracic spine. There was tenseness and tenderness of the cervical spine. The treatment plan included continued conservative care, refill medications, continue psych evaluation, continue neurologist evaluation, and continue with psych AME/QME. The request for authorization is dated 01/05/2015

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5mg /325mg up to 3 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78,114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management; Opioids, dosing Page(s): 78; 86.

Decision rationale: The request for tramadol/APAP 37.5 mg/325 mg up to 3 times a day #90 is not supported. The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation indicated the injured worker was on tramadol/APAP, but there is no documentation regarding improvement in pain or function. The compliance of opioid therapy is unclear and there is no recent toxicology screening to demonstrate compliance. The medical necessity has not been established based on the provided documentation. As such, the request is not medically necessary.