

Case Number:	CM15-0017825		
Date Assigned:	02/02/2015	Date of Injury:	03/30/2011
Decision Date:	03/30/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	01/30/2015

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, Hawaii

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 61 year old female, who sustained an industrial injury on 03/30/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include unspecified head injury, cervical sprain/strain, cervical spine herniated disc, cervicgia, left shoulder osteoarthritis, and left shoulder sprain/strain. Treatment to date has included laboratory studies, medication regimen, magnetic resonance imaging of the brain, magnetic resonance imaging of the cervical spine, electromyogram and nerve conduction velocity of the bilateral lower extremities, and injection. In a progress note dated 10/21/2014 the treating provider reports numbness and tingling to the left arm and hand, along complaints of sharp and constant pain to the cervical spine, left shoulder, left elbow, and right wrist that is rated an eight out of ten. The treating physician noted the injured worker to be on a medication regimen of Tramadol HCL, but the documentation provided did not indicate the current request for Tramadol nor did it indicate the reason for the current use of the medication of Tramadol. On 12/30/2014 Utilization Review non-certified the requested treatment of Tramadol HCL ER tablet 100mg with a quantity of 30, noting the Medical Treatment Utilization Schedule, 2009, Chronic Pain Medical Treatment Guidelines, 07/18/2009, pages 93 to 94 and page 113.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL tablet 100mg ER quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 93-94, 113.

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

Decision rationale: The patient presents with pain affecting the cervical spine, left shoulder, left elbow, and right wrist. The current request is for Tramadol HCL tablet 100mg ER quantity 30. The treating physician report dated 12/2/14 (31B) provides no rationale for the current request. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). Reports provided show the patient has been taking Tramadol since at least 6/11/14. The report dated 12/2/14 notes that the patient's pain level is 8/10 while on current medication. No adverse effects or adverse behavior were noted by patient. There is no evidence that the patient's ADL's have improved in the medical reports provided. In this case, all four of the required A's are not addressed, and functional improvement has not been documented. The MTUS guidelines require much more thorough documentation to recommend the continued usage of Tramadol. Recommendation is for denial and slow weaning per the MTUS guidelines.