

Case Number:	CM15-0111158		
Date Assigned:	06/17/2015	Date of Injury:	04/05/2012
Decision Date:	07/16/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on 4/5/12. The injured worker has complaints of bilateral neck pain, right worse than left; bilateral low back pain and right shoulder pain. The documentation noted that there is tenderness upon palpation of the cervical paraspinal muscles overlying the bilateral C4-C5 and bilateral C6-C7 facet joints, and tenderness upon palpation of the lumbar paraspinal muscles. The diagnoses have included status post fluoroscopically-guided right C4-C5 and right C6-C7 facet joint radiofrequency nerve ablation; cervical facet joint pain at C4-C5, C6-C7; cervical facet joint arthropathy and chronic neck pain. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine done on 4/3/13 showed moderate degenerative changes of both the cervical and lumbar spine and there is multilevel disc bulges at C4-5, C5-6, C5-6 and C6-7 as well as L3-4, L4-5 and chiropractic treatment; status post radiofrequency nerve ablation and cortisone injections. The request was for tramadol 37.5/325mg #60 twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #60 twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in November 2014 when a metal door fell on his head. There was no loss of consciousness. An MRI of the brain in December 2014 had been normal. When seen, he did not feel he could return to work. He was feeling more emotional and had episodes of dizziness. Physical examination findings included an antalgic gait. There was normal strength and sensation with normal coordination. There was minimal lumbar tenderness without muscle spasms. Tramadol/acetaminophen was prescribed #60 with 2 refills. The claimant sustained a work injury in April 2012 and continues to be treated for neck, low back, and right shoulder pain. When seen, medications were Aleve, Ambien, Voltaren gel, Effexor, and a muscle relaxant. There was decreased and painful cervical spine, lumbar spine, and right shoulder range of motion. Impingement testing was positive. A pain agreement was signed. Tramadol/acetaminophen was prescribed at a total MED (morphine equivalent dose) of 25 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Tramadol/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's initial management by the requesting provider. There were no identified issues of abuse or addiction. The total MED was less than 120 mg per day consistent with guideline recommendations. However, two refills were given. Without assessing the claimant's response to the initial prescription in terms of decreased pain, increased level of function, or improved quality of life, the request cannot be considered as medically necessary.