

Case Number:	CM15-0111544		
Date Assigned:	06/18/2015	Date of Injury:	12/06/2011
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
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 29 year old female, who sustained an industrial injury on 12/6/11. She reported being shot in the abdomen during a robbery while working. The injured worker was diagnosed as having chronic abdominal pain, status post gunshot wound with poor wound healing and multiple surgeries, chronic wound infection, PTSD, atrophic left kidney and fatty infiltration of the liver. Treatment to date has included multiple surgeries, physical therapy, oral medications including Prilosec, Ultracet and Tramadol, repair of ventral hernia, lumbar support, home exercise program and activity restrictions. Currently, the injured worker complains of pain in abdomen rated 5-7/10, described as a burning sensation. She may work with modified duties. Physical exam noted a well-healed surgical scar of abdomen, which is non-tender to palpation. The treatment plan included continuation of medication as needed, refilling of Tramadol, dispensing of Omeprazole, resuming modified work and request for back support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Criteria for use of Opioids, Opioid hyperalgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation Tramadol ER prescribing information.

Decision rationale: The claimant sustained a work-related injury in December 2011 and continues to be treated for chronic abdominal pain after a gunshot injury. Tramadol ER and use of a brace are ported as providing pain relief. When seen, she was taking Tramadol ER 1-2 times per week. Pain was rated at 5/10. There were post-operative findings of the abdomen. Tramadol ER is a sustained release formulation and would be used to treat baseline pain. In this case, is it being taken on an as-needed basis. Additionally, there is no evidence by use of VAS pain scores that this medication is providing pain relief and no evidence of improved function or quality of life. Ongoing prescribing was not medically necessary.