

Case Number:	CM15-0114095		
Date Assigned:	06/22/2015	Date of Injury:	05/25/2011
Decision Date:	07/21/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/12/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 May 25, 2011. The injury occurred when a dress rack fell over pinning the injured worker to the ground. The injured worker has been treated for back and neck complaints. The diagnoses have included cervical spondylosis without myelopathy, cervical facet syndrome, lumbar stenosis, chronic myofascial pain, lumbosacral disc disease, lumbar radiculitis, cervical radiculitis, lumbar facet syndrome, post-laminectomy syndrome, thoracic facet syndrome, anxiety and depression. Treatment to date has included medications, radiological studies, MRI, injections of the facet joints and a lumbar fusion. Current documentation dated April 28, 2015 notes that the injured worker reported neck pain with radiation down into the bilateral fourth and fifth fingers. The injured worker also noted back and right shoulder pain. The pain was rated a three out of ten on the visual analogue scale with medications. With his current medications, the injured worker was able to work as an administrative assistant up to four hours a day and to do light household chores. Examination of the cervical and lumbar spine revealed tenderness and a decreased range of motion. Right shoulder examination revealed tenderness to palpation of the acromioclavicular joint and a positive impingement sign. The treating physician's plan of care included a request for Tramadol 50 mg # 30 and Tramadol ER 150 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. I am reversing the previous utilization review decision. Tramadol 50mg #30 is medically necessary.

Tramadol ER 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is documentation supporting functional improvement with the continued use of Tramadol ER. Tramadol ER 150mg #30 is medically necessary.