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| Case Number: | CM15-0115163 | | |
| Date Assigned: | 06/23/2015 | Date of Injury: | 07/01/2001 |
| Decision Date: | 07/22/2015 | UR Denial Date: | 06/09/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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 67-year-old male with an industrial injury dated 07/01/2001. The injured worker's diagnoses include cerebrovascular disease and hypertension. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. According to the most recent progress note dated 05/14/2015, the injured worker presented for a follow up visit. The injured worker reported that he had stopped Doxazosin 4mg two months prior to visit due to low blood pressure with dizziness. Objective findings revealed reasonably controlled blood pressure. The treating physician reported that the injured worker has metabolic syndrome with hypertension, dyslipidemia and intra-abdominal adiposis with a treatment plan consisting of dietary management. The treating physician prescribed Tramadol #30 services for now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for hypertension and the residual effects of a cerebral infarct. When seen, there were findings of aphasia. There was a flat, depressed affect. There was right upper extremity weakness with tenderness over the cubital tunnel and decreased ulnar nerve distribution sensation. Tramadol was being prescribed. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and there are nonverbal pain scales available for the assessment of pain. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.