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| Case Number: | CM15-0116120 | | |
| Date Assigned: | 06/24/2015 | Date of Injury: | 01/19/2012 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 06/16/2015 |

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: Arizona, Michigan

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 50 year old male, who sustained an industrial injury on 01/19/2012. A metal lid from a truck dropped and struck the top of his head with a hard-hat on. Initially he experienced wooziness and incoordination and shortly after completely lost consciousness. He was diagnosed with a concussion. Treatment to date has included computed tomography imaging, physical therapy, cervical fusion, postoperative rehabilitation, electrodiagnostic studies of the upper extremities, medications and cognitive behavioral therapy. According to a neuropsychological evaluation and permanent and stationary report dated 11/25/2014, testing indicated that the injured worker had a significant level of disability, which affected all of his activities of daily living including the quality of his sleep, ability to travel without assistance and ability to perform various household duties, which were even simple sequential tasks. His main deficits appeared to be his inability to retain information and loss of memory for previous activities as well as directions. Prognosis as far as his overall adaptability was quite poor. The provider noted that he might likely need eventual 24 hour/7 days a week care and that he would need to remain on his current psychopharmacology and pain management. According to a progress report dated 03/30/2015, subjective complaints included neck pain and headaches. Interval history noted that neck pain was about the same. Average pain rating was 5 on a scale of 1-10. Exercise program included stretches, bike riding, walking and pool. Symptoms since the last visit were worse. Aggravating factors included kneeling, lifting and prolonged positions. Alleviating factors included rest and medications. Medication regimen included Cymbalta, Cyclobenzaprine, Wellbutrin, Klonopin, Tramadol and Gabapentin. Pain was noted with

activities of daily living such as cleaning house and cooking. Diagnoses included postlaminectomy syndrome cervical, cervical disc displacement/radic, cervical disc degeneration, post-concussion syndrome, myalgia and myositis unspecified, cervical spinal stenosis and lesion of ulnar nerve. Prescriptions were given for Tramadol and Gabapentin. An authorization request dated 05/26/2015 was submitted with attached prescriptions for Gabapentin 100mg #90 and Tramadol 50mg 1 tablet by mouth every 6 hours needed for pain. Records show that the injured worker was prescribed Tramadol dating back to 08/07/2014. Currently under review is the request for Tramadol 50mg #60 1 every 6 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 1 every 6 hours as needed for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that the practitioner should perform ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. CA MTUS guidelines state that functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The treating physician did not document current pain, the least reported pain over the period since the last assessment, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. These are necessary to meet MTUS guidelines. According to the most recent progress reports that are available for my review, symptoms since the last visit were noted to be worse, the injured workers does not appear to be having a satisfactory response to tramadol, as such the request for Tramadol 50mg #60 is not medically necessary.