MAXIMUS Federal Services

Case Number:	CM15-0121741		
Date Assigned:	07/02/2015	Date of Injury:	11/14/2013
Decision Date:	07/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 29 year old female, who sustained an industrial injury on 9/6/2014. The mechanism of injury was catching a stack of milk crates as they were falling. The injured worker was diagnosed as having left cervical radiculitis and cervical 6-7 disc extrusion. Cervical magnetic resonance imaging showed cervical 6-7 disc extrusion. Treatment to date has included cervical epidural steroid injection, physical therapy and medication management. In a progress note dated 4/27/2015, the injured worker complains of neck pain, radiating into the right arm. Physical examination showed decreased cervical range of motion and decreased left forearm sensation. The treating physician is requesting 12 sessions of chiropractic care for the cervical, lumbar and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tramadol 50 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are left wrist extensor tendinitis; and left wrist degenerative joint disease. The date of injury is September 6, 2014. The request's authorization is June 9, 2015. Progress note dated November 2014 shows Norco was prescribed. A progress note dated January 22, 2015, tramadol 50 mg was prescribed with Voltaren XR and Prilosec. In a progress note dated May 14, 2015, subjectively there were no pain scores. There was worsening left wrist discomfort. Objectively there was tenderness to palpation over the left extensor compartment. There were no pain scores throughout the medical record. There was no clinical rationale for discontinuing Norco and starting tramadol. There is no documentation demonstrating objective functional improvement to support ongoing tramadol 50 mg. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent clinical documentation with pain scores, objective functional improvement, risk assessments and detailed pain assessments, tramadol 50 mg #60 is not medically necessary.