

Case Number:	CM15-0126253		
Date Assigned:	08/05/2015	Date of Injury:	08/07/2012
Decision Date:	09/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, Illinois

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 31-year-old, male who sustained a work related injury on 8-7-12. The diagnoses have included posttraumatic chronic vascular type daily headaches, moderate to severe thoracolumbar chronic myofascial pain syndrome, posttraumatic generalized seizure disorder, moderate to severe bilateral carpal tunnel syndrome, moderate bilateral ulnar nerve entrapment at both elbows, and chronic sprain injury both knees. Treatments have included oral medications, home exercises; thoracic muscles trigger point injections, bilateral median nerve blocks into wrists, physical therapy, and aquatic therapy. In the Primary Treating Physician's Neurological and Pain Management Progress Report dated 5-12-15, the injured worker reports an aggravation of painful movements in both knees. He reports constant upper and lower back pain. He rates his pain level a 6-8 out of 10 without medications. He reports frequent pain and numbness in both hands. He states he has been getting greater than 70-80% improvement on his overall pain and ability to function with his current medications, which decrease his pain to 1-2 out of 10 and this allows him to perform activities of daily living with less discomfort, such as sitting, standing, bending, lifting, bathing, cooking, sleeping and socializing. He states his depression has gotten worse and he now has thoughts of suicide. He has severe sleeping problems without medications. On physical exam, cervical spine range of motion is grossly normal. He has slight-to-moderate restricted range of motion in thoracic and lumbar spine in all planes. He has multiple trigger points and taut bands throughout the thoracic and lumbar paraspinal muscles and gluteal muscles. His range of motion in both knees is slightly decreased in all directions. His sensation to fine touch and pinprick was decreased in all digits of both hands. His grip strength was

decreased in both hands at -5 out of 5. He is not working. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 8-7-12. The medical records provided indicate the diagnosis of posttraumatic chronic vascular type daily headaches, moderate to severe thoracolumbar chronic myofascial pain syndrome, posttraumatic generalized seizure disorder, moderate to severe bilateral carpal tunnel syndrome, moderate bilateral ulnar nerve entrapment at both elbows, and chronic sprain injury both knees. Treatments have included oral medications, home exercises; thoracic muscles trigger point injections, bilateral median nerve blocks into wrists, physical therapy, and aquatic therapy. The medical records provided for review do not indicate a medical necessity for Tramadol HCL ER 150 mg, sixty count. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids for the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; and to discontinue opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using opioids at least since 07/22/14. The medical records indicate evidence of aberrant behavior.