

Case Number:	CM15-0126610		
Date Assigned:	07/13/2015	Date of Injury:	10/30/2007
Decision Date:	08/06/2015	UR Denial Date:	06/22/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 10/30/2007. She reported pain in her neck, back, left shoulder and left arm. Diagnoses have included cervical musculoligamentous sprain/strain with radiculitis, thoracic musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain with radiculitis, left shoulder sprain/strain, left shoulder tendinitis, left elbow sprain/strain and left elbow lateral epicondylitis. Treatment to date has included chiropractic treatment and medication. According to the Doctor's First Report of Occupational Injury or Illness dated 6/10/2015, the injured worker complained of neck pain, back pain, left shoulder pain and left arm pain. Exam of the cervical spine revealed tenderness to palpation and spasm. Exam of the thoracic spine revealed tenderness to palpation, spasm and trigger points. Exam of the lumbar spine revealed tenderness to palpation, spasm and decreased range of motion. Exam of the left shoulder revealed tenderness to palpation and decreased range of motion. Authorization was requested for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol tab 50 mg Qty unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER); Opioids Page(s): 93-94; 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 92-93.

Decision rationale: The injured worker is a 60 year old female, who sustained an industrial injury on 10/30/2007. She reported pain in her neck, back, left shoulder and left arm. Diagnoses have included cervical musculoligamentous sprain/strain with radiculitis, thoracic musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain with radiculitis, left shoulder sprain/strain, left shoulder tendinitis, left elbow sprain/strain and left elbow lateral epicondylitis. Treatment to date has included chiropractic treatment and medication. According to the Doctor's First Report of Occupational Injury or Illness dated 6/10/2015, the injured worker complained of neck pain, back pain, left shoulder pain and left arm pain. Exam of the cervical spine revealed tenderness to palpation and spasm. Exam of the thoracic spine revealed tenderness to palpation, spasm and trigger points. Exam of the lumbar spine revealed tenderness to palpation, spasm and decreased range of motion. Exam of the left shoulder revealed tenderness to palpation and decreased range of motion. Authorization was requested for Tramadol.