

Case Number:	CM15-0129876		
Date Assigned:	07/16/2015	Date of Injury:	12/05/2011
Decision Date:	08/19/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 42 year old male, who sustained an industrial injury on 12/5/11. He received a head injury following falling off a roof about 10 feet in the air. The injured worker was diagnosed as having status post blunt head injury with loss of consciousness, post concussive syndrome status post head injury, complaints of loss of sense of smell and taste, cervical musculoligamentous strain-sprain with radiculitis, cervical spine disc disease, thoracic musculoligamentous strain-sprain, lumbosacral musculoligamentous strain-sprain with radiculitis, L4-5 facet cystic mass, bilateral shoulder strain-sprain and sexual dysfunction. Treatment to date has included physical therapy, chiropractic treatment, activity restrictions and oral medications including Motrin and Flexeril. Currently on 5/28/15, the injured worker complains of headaches as well as pain in the mid-upper back and bilateral shoulders with pain in neck and back with radiation. He rates the pain in bilateral shoulders and headaches as 7/10 decreased from 8/10 on last visit and pain in neck, lower back and mid-upper back 8/10 which is unchanged since last visit. He is temporarily totally disabled. A physical exam, performed on 5/28/15, revealed tenderness to palpation over the cervical paraspinal muscles with restricted range of motion, tenderness to palpation over the thoracic paraspinal muscles with restricted range of motion and tenderness to palpation of bilateral shoulders; all are unchanged since previous visit. The treatment plan included holding of physical therapy, initiation of Tramadol and a urine drug screen. A request for authorization was submitted for Tramadol 50mg and a urine toxicology screen on 5/28/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of 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 opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Prior to initiating opioid therapy, documentation should include a failed trial of non-opioid analgesics, the injured worker should set goals, baseline pain and functional assessments should be made, there should be a history of pain treatment and effect of pain and function, a physical and psychosocial assessment should be included, and a urine drug screen may be used to assess for use of illegal drugs. This does not appear to have occurred with this patient. Documentation does not include a failed trial of non-opioid medications, a history of pain treatment, or effect on pain and function. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested treatment with Tramadol is not medically necessary.

1 urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

Decision rationale: CA MTUS recommends a urine drug screen at the initiation of opioid treatment to assess for the possible use of illegal drug use. The request for opioid therapy was not found to be medically necessary. Therefore, the request for a Urine Drug Screen is not medically necessary.