

Case Number:	CM15-0165965		
Date Assigned:	09/29/2015	Date of Injury:	02/09/2001
Decision Date:	11/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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
 Certification(s)/Specialty: Emergency 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 53 year old female, who sustained an industrial injury on 2-9-2001. Medical records indicate that the injured worker is undergoing treatment for right radial tunnel syndrome, right shoulder impingement syndrome, cervical pain, low back pain and reactive depression. The injured worker was noted to be permanent and stationary. The injured workers current work status was not identified. On (7-10-15) the injured worker complained of neck, right shoulder, right forearm, low back and right knee pain. Objective findings revealed tenderness over the proximal forearm extensors and pain with wrist extension against resistance. Tenderness was noted over the cervical spine with a limited and painful range of motion. A straight leg raise test was positive on the right. A neurological examination was unchanged. Subsequent documentation (7-10-15, 6-12-15, 5-8-15) note the injured workers cervical and right upper extremity pain levels to be 5-6, right forearm 7-8, right shoulder 7-9, right knee unchanged at 3 and low back unchanged at 7 out of 10 on the visual analogue scale. Activities of daily living were not noted. Treatment and evaluation to date has included medications, toxicology screen, MRI, injections and physical therapy. Current medications include Tramadol (since at least May of 2015), Ibuprofen, and Omeprazole. The injured worker denied side effects. Treatments tried and failed include physical therapy, injections, non-steroidal anti-inflammatory drugs, ice treatments, rest and a home exercise program. The request for authorization dated 7-20-15 included a request for Tramadol 50 mg # 90. The Utilization Review documentation dated 8-12- 15 modified the request to Tramadol 50 mg # 68 (original request # 90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The request for Tramadol 50mg, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first- line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck, right shoulder, right forearm, low back and right knee pain. Objective findings revealed tenderness over the proximal forearm extensors and pain with wrist extension against resistance. Tenderness was noted over the cervical spine with a limited and painful range of motion. A straight leg raise test was positive on the right. A neurological examination was unchanged. Subsequent documentation (7- 10-15, 6-12-15, 5-8-15) note the injured workers cervical and right upper extremity pain levels to be 5-6, right forearm 7-8, right shoulder 7-9, right knee unchanged at 3 and low back unchanged at 7 out of 10 on the visual analogue scale. Activities of daily living were not noted. Treatment and evaluation to date has included medications, toxicology screen, MRI, injections and physical therapy. Current medications include Tramadol (since at least May of 2015), Ibuprofen, and Omeprazole. The treating physician has not documented: failed first-line opiate trials, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg, #90 is not medically necessary.