

Case Number:	CM15-0177119		
Date Assigned:	09/17/2015	Date of Injury:	11/06/2012
Decision Date:	10/21/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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 59 year old female who sustained an industrial injury on 11-06-2012. Current diagnoses include cervical disc displacement, cervical disc protrusion, cervical myofasciitis, cervical radiculopathy, cervical sprain-strain, lumbar disc displacement, lumbar disc protrusion, lumbar facet arthropathy, lumbar radiculopathy, lumbar sprain-strain, lumbar stenosis, sprain-SI joint bilateral, right shoulder sprain-strain, right shoulder tenosynovitis, left shoulder bursitis, left shoulder impingement syndrome, left shoulder sprain-strain, status post surgery-left shoulder, left hand joint pain, status post left hand laceration from fall due to back spasm, right ankle sprain-strain, and rule out ankle internal derangement. Report dated 08-04-2015 noted that the injured worker presented with complaints that included neck pain, low back pain, right shoulder pain, left shoulder pain, left hand pain with decreased sensation, and right ankle pain. Pain level was not included. Physical examination performed on 08-04-2015 revealed decreased range of motion of the cervical spine, lumbar spine, right shoulder, and left shoulder, tenderness in the cervical spine, lumbar spine, right shoulder, left shoulder, left hand, and right hand, spasms noted in the cervical spine, lumbar spine, right shoulder, and left shoulder, and many orthopedic testing's were positive. Previous diagnostic studies included EMG-NCV studies of the bilateral lower extremities. Previous treatments included medications, surgical interventions, and acupuncture. The treatment plan included awaiting authorization for a podiatrist, continue acupuncture, reviewed EMG-NCV studies of the bilateral lower extremities, referred for an x-ray of the right foot-ankle, lumbar spine injection is scheduled, and dispensed tramadol ER, noting that this medication decreases pain by 5 points, range of motion improves

with use, and allows the injured worker to increase exercise regimen, and follow up with ortho surgeon. Request for authorization dated 08-04-2015, included requests for Tramadol ER. The utilization review dated 08-14-2015, non-certified the request for retrospective usage of tramadol ER (DOS 08-04-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective use of Tramadol ER 150mg #60 (DOS: 8/4/15): 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, criteria for use, Opioids for chronic pain.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has been on tramadol chronically. There is no documented VAS or any documentation of improvement in pain. It is unclear why patient is still on tramadol and has not been weaned. There is vague documentation concerning patient's improvement in ADLs but the documentation is too vague to meet guideline criteria. Documentation fails to support prescription. Tramadol is not medically necessary.