MAXIMUS Federal Services

Case Number:	CM15-0179859		
Date Assigned:	09/21/2015	Date of Injury:	03/30/2015
Decision Date:	10/26/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female who sustained an industrial injury March 30, 2015. She was diagnosed as a cervical sprain and received medication, physical therapy, and chiropractic treatment. A primary treating physician's progress report dated June 24, 2015, revealed the injured worker complaining of a heavy head. He further reports that additional chiropractic treatment had been helpful and physical therapy had not. Objective findings included positive cervical kyphosis, range of motion 90% all planes, sensory normal. Diagnoses are cervical sprain; sternum sprain not elsewhere classified. Treatment plan is documented as full duties, transfer care to orthopedic, follow-up in 2 weeks. According to an orthopedic evaluation dated July 8, 2015, the injured worker has no difficulties with self-care including hair combing, bathing, dressing and eating. She reports a 2 out of 5 difficulty with physical activities such as; standing, sitting, reclining, and ascending and descending stairs and 3 out of 5 difficulty lifting, manipulating small items, and driving a car. Physical examination revealed; diffuse paravertebral musculature tenderness with spasm, slight trapezius tenderness, and negative Spurling's test. The rest of this report is not present in the medical record. At issue is the request for authorization for Tramadol 50mg #60. According to utilization review dated August 14, 2015, the request for Tramadol 50mg #60 was modified to Tramadol 50mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: 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.

Decision rationale: The claimant sustained a work injury in March 2015 and is being treated for neck pain after a motor vehicle accident. The claimant was seen by the requesting provider for an initial evaluation on 07/08/15. Physical examination findings included diffuse cervical tenderness with muscle spasms and slight trapezius tenderness. Medications referenced are ibuprofen, which was changed to Tylenol due to gastrointestinal upset. Authorization for Tramadol is being requested. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, there was no documentation submitted for this review that reflects pain levels or pattern of pain when this medication was requested. Based on the information provided, the request is not medically necessary.