MAXIMUS Federal Services

Case Number:	CM15-0042907		
Date Assigned:	03/13/2015	Date of Injury:	06/30/2011
Decision Date:	06/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/06/2015

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, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 46-year-old female, who sustained an industrial injury on June 30, 2011. She reported head pain, neck pain, upper back pain, right shoulder pain, right arm pain, right elbow pain, right wrist pain, and right hand pain. Diagnoses have included cervical spine radiculitis, occipital neuralgia, myofascial pain syndrome, and cervical facet arthropathy. Treatment to date has included medications, heat, ice, rest, stretching, physical therapy, and imaging studies. A progress note dated January 23, 2015 indicates a chief complaint of head pain, neck pain, upper back pain, and right shoulder pain with radiation to the right arm and associated tingling and weakness of the right arm and hand. The treating physician documented a plan of care that included a multidisciplinary evaluation, follow up in four weeks, and a prescription for Tramadol. She reported dizziness and drowsiness with Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription Tramadol ER 150 MG: 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): (s) 84-94.

Decision rationale: Per the guidelines, Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain or functional status specifically related to Tramadol to justify use. Additionally, she has documented adverse side effects from Tramadol. The medical necessity of Tramadol is not substantiated.