

Case Number:	CM15-0062802		
Date Assigned:	04/09/2015	Date of Injury:	04/12/2013
Decision Date:	06/08/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58-year-old male, who sustained an industrial injury on 04/12/2013. The initial complaints or symptoms included right wrist pain, right shoulder pain, and low back pain. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, x-rays, MRIs, injections, and right wrist surgery. Currently, the injured worker complains of constant low back pain radiating to the lower extremities causing numbness with ambulation, right shoulder pain for which he is scheduled for arthroscopic surgery on 03/23/2015, and persistent right wrist pain. The injured worker reported that the pain was moderate in severity. The injured worker stated that he uses tramadol sparingly for pain control. The diagnoses include osteoarthritis of the shoulder, lumbar spondylosis, lumbar degenerative disc disease, and lumbar disc prolapse with radiculopathy. The request for authorization included tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Tramadol 50 mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal recent objective urine drug screen. The documentation is not clear how long the patient has been on Tramadol or what other medications he has tried prior to Tramadol. For all of these reasons the request for Tramadol is not medically necessary.