

Case Number:	CM15-0070524		
Date Assigned:	04/20/2015	Date of Injury:	06/13/2012
Decision Date:	05/19/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 38-year-old female, with a reported date of injury of 06/13/2012. The diagnoses include left cervical radiculopathy, chronic pain syndrome, and left shoulder rotator tendinitis. Treatments to date have included a urine drug test, cervical epidural steroid injection, an MRI of the cervical spine, and oral medications. The progress report dated 03/09/2015 indicates that the injured worker reported pain throughout her neck and upper extremities, associated with numbness and weakness. The objective findings include pain to palpation in the cervical muscles with decreased range of motion in the cervical spine due to pain, a positive axial head compression test, decreased grip strength on the left, and reduced sensation noted in the C6 dermatome on the left to pinwheel. It was noted that the in-office urinary drug screen was negative for opioids or illicit substances, and was consistent with prescribed medications. The treating physician requested Tramadol 50mg #60.

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 Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Tramadol 50mg #60 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 pain throughout her neck and upper extremities, associated with numbness and weakness. The objective findings include pain to palpation in the cervical muscles with decreased range of motion in the cervical spine due to pain, a positive axial head compression test, decreased grip strength on the left, and reduced sensation noted in the C6 dermatome on the left to pinwheel. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met. Tramadol 50mg #60 is not medically necessary.