

Case Number:	CM15-0071225		
Date Assigned:	04/21/2015	Date of Injury:	04/07/2011
Decision Date:	05/19/2015	UR Denial Date:	03/30/2015
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: 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 47 year old female, who sustained an industrial injury on 4/07/2011. She reported a trip and fall with injury to her left pinky finger, shoulder and elbow. The injured worker was diagnosed as having neck pain with magnetic resonance imaging finding of disc protrusions, cervical radiculopathy, cervical facet arthropathy, status post left shoulder surgery with residual pain, and a history of gastric irritation possibly due to medication. Treatment to date has included diagnostics, left shoulder surgery, chiropractic, physical therapy, and medications. Currently, the injured worker complains of neck pain, left shoulder pain, and left upper extremity pain with numbness and tingling. She reported pain levels of 7-8/10 when severe and 4-5/10 with medications. Cervical magnetic resonance imaging findings were referenced. Medications included Tramadol, Gabapentin, and Omeprazole. Refills were requested. Her work status was permanent and stationary. The use of Tramadol was noted since at least 9/2014, at which time pain was rated 7-8/10 with activity. Urine drug screens, dated 9/29/2014 and 3/02/2015, were inconsistent with prescribed medications (negative for Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for neck and left upper extremity pain. When seen, the requesting provider documents medications as decreasing pain from 7-8/10 to 4-5/10. Tramadol is being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Tramadol was medically necessary.