

Case Number:	CM15-0073096		
Date Assigned:	04/23/2015	Date of Injury:	06/19/2010
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/16/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 66 year old female who sustained an industrial injury on 6/19/10. She has reported initial complaints of injury to neck and left shoulder after reaching out for a bunch of grapes. The diagnoses have included neck sprain/strain, cervical intervertebral disc degeneration, left shoulder calcifying tendinitis and rotator cuff syndrome. Treatment to date has included medications, activity modifications, epidural steroid injection (ESI), acupuncture and physical therapy. Currently, as per the physician progress note dated 3/17/15, the injured worker was previously not taking medications as they were not authorized and the requested physical therapy and acupuncture were denied. The injured worker complains of constant neck, back and left shoulder pain. The physical exam revealed guarding with the lumbar spine and during range of motion testing she substitutes with hip flexors. There was tenderness and tightness in the cervical and lumbar spine. The physician noted that her chronic pain complaints remain unresolved. The previous therapy sessions were not noted. There was no urine drug screen noted. Treatment plan was for prescriptions of Naproxen, Prilosec and Tramadol, labs and follow up. Work status was retired and not working. The physician requested treatment included Tramadol HCL (hydrochloride) 50 mg quantity 60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL (hydrochloride) 50 mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Opioids Page(s): 67-68; 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids/Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's had been on Ultram (Tramadol) and Naproxen for over 3 years. VAS pain scores were not routinely documented. Long-term use of Tramadol is not recommended. The progress note on 3/17/15 states that "chronic pain has resolved." Based on the guidelines and information provided, the continued use of Tramadol is not medically necessary.