

Case Number:	CM15-0092585		
Date Assigned:	05/19/2015	Date of Injury:	09/05/2012
Decision Date:	06/19/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/13/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old female, who sustained an industrial injury on September 5, 2012, incurring injuries to her right shoulder, arm and neck, after lifting a heavy dog. She was diagnosed with brachial radiculitis, cervicgia and cervical degenerative disc disease. Treatment included anti-inflammatory drugs, epidural steroid injection, pain medications, and work restrictions. Treatment included anti-inflammatory drugs, muscle relaxants, anti-depressants and pain medications. Currently, the injured worker complained of ongoing pain in the right upper extremity radiating into the shoulder, neck with loss of motion in the right elbow and wrist. She complained of persistent numbness and tingling in the right upper extremity interfering with her sleep. She was diagnosed at this time with chronic pain syndrome. The treatment plan that was requested for authorization included a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: Pain interventions and treatments 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 12, 13 83 and 113 of 127.

Decision rationale: This injury was from 2012, now three years ago. There is chronic pain. Prior treatment had also included pain medicine. The objective functional benefit was not clear. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. Also, per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.