MAXIMUS Federal Services

Case Number:	CM15-0093724		
Date Assigned:	05/20/2015	Date of Injury:	07/09/2012
Decision Date:	06/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/14/2015

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 57 year old male, who sustained an industrial injury on 7/9/12. He has reported initial complaints of sudden electric shock in the neck, numbness that radiated to the right shoulder, arm and hand and his fingers locked up and he was unable to move his hand after moving a portable generator weighing 150-170 pounds. The diagnoses have included cervical strain, lumbar strain, disorders of the bursa and tendons in the shoulder region and displacement of the intervertebral cervical disc without myelopathy. Treatment to date has included medications, hot/cold packs, activity modifications, pain management, diagnostics, physical therapy, chiropractic, and home exercise program (HEP). Currently, as per the physician progress note dated 3/30/15, the injured worker is for follow up regarding the industrial injuries to his cervical spine, lumbar spine and right shoulder. He reports that the medications are beneficial. He has been using Norco a couple times a day. The physician noted that this is a schedule II narcotic and he needs to get him on to a schedule III as he cannot be maintained on schedule II without pain management. The physical exam reveals decreased range of motion of the cervical spine and muscle guarding. The right shoulder has a positive arc sign. The lumbar spine was not examined at this time. The current medications included Norco and Ibuprofen. There was no urine drug screen reports noted in the records. The physician treatment plan was to change the Norco to Tramadol as needed for pain. It is noted that the injured worker does not believe that he is ready for surgery of the cervical spine at this time although it is felt to be a necessary intervention. He also notes that the pain complaints are reasonably controlled with medications and should be maintained. The physician requested treatment included Tramadol 50 MG #90 with 1 Refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #90 with 1 Refill: Upheld

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

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 50 MG #90 with 1 Refill 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 been using Norco a couple times a day. The physician noted that this is a schedule II narcotic and he needs to get him on to a schedule III as he cannot be maintained on schedule II without pain management. The physical exam reveals decreased range of motion of the cervical spine and muscle guarding. The right shoulder has a positive arc sign. The lumbar spine was not examined at this time. The current medications included Norco and Ibuprofen. There was no urine drug screen reports noted in the records. The physician treatment plan was to change the Norco to Tramadol as needed for pain. 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, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50 MG #90 with 1 Refill is not medically necessary.