

Case Number:	CM15-0097418		
Date Assigned:	05/28/2015	Date of Injury:	09/08/2014
Decision Date:	07/01/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/20/2015

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 49-year-old female, who sustained an industrial injury on 9/08/2014. She reported going up in an elevator when it suddenly dropped. She reported loss of consciousness and immediate onset of aching pain, unspecified. The injured worker was diagnosed as having discogenic cervical condition with facet inflammation and headaches, internal derangement of the right knee, impingement syndrome and bicipital tendinitis of the right shoulder, left knee sprain, and left shoulder sprain. Treatment to date has included diagnostics, physical therapy, modified duty, and medications. On 2/16/2015, she reported pain in her neck and right shoulder (rated 5/10), left shoulder pain (rated 2/10), right knee pain (rated 4/10), left knee pain (rated 2/10), and back pain, with radiation to the hip and thigh (rated 5/10). Pain was improved by Motrin and Ibuprofen and made worse by daily activities. She reported waking up at night due to pain, bowel incontinence, and numbness in the anal area. She was prescribed Tramadol ER for pain. Currently (4/28/2015), the injured worker complains of low back pain, as well as pain in her bilateral feet. She was currently wearing tennis shoes for greater support, which helped somewhat. Neck and shoulder pain was unchanged. She continued to work and needed medication that would not make her too drowsy. Exam noted tenderness along the cervical and lumbar paraspinal muscles bilaterally, pain with facet loading along the lumbar spine, and pain with facet loading from L3 through S1. Lumbar range of motion was limited due to pain. The treatment plan included transcutaneous electrical nerve stimulation unit and medications, including Tramadol ER, Aciphex, Norflex, and Naproxen. She was working full duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER (extended release) 150 mg Qty 30 prescribed on 04/28/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

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

Decision rationale: The claimant sustained a work-related injury in September 2014 and continues to be treated for neck, back, left shoulder, right elbow, and bilateral knee pain. When seen, she was noted to be working but was having increasing pain. Ultracet had been prescribed at the previous visit. There was cervical and lumbar spine tenderness with positive facet loading. Tramadol ER was prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. 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 ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing was within guideline recommendations. In this case, there are no identified issues of abuse or addiction and the claimant is noted to be working, although with difficulty. Therefore, the prescribing of Tramadol ER is medically necessary.