

Case Number:	CM15-0098801		
Date Assigned:	06/01/2015	Date of Injury:	10/03/2012
Decision Date:	07/07/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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 51-year-old female, who sustained an industrial injury on 10/3/2012. She reported injury when a box of tomatoes fell and hit her right hand and other boxes fell and hit her head. The injured worker was diagnosed as having multilevel cervical disc herniations, facet arthropathy of the cervical spine and cervical radiculopathy. Electromyography (EMG) /nerve conduction study (NCS) was noted as within normal limits Treatment to date has included 24 sessions of acupuncture, 24 sessions of chiropractic care and medication management. In a progress note dated 3/30/2015, the injured worker complains of neck pain, radiating down to the shoulders, head pain, bilateral wrist pain and right hand pain. Pain was rated 7-8/10. Medications include Norco, Norflex ER, Prilosec and Relafen. The treating physician is requesting Tramadol/Apap 37.5/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Apap 37.5/325mg #120 (dispensed on 3/3/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Tramadol/Apap 37.5/325mg #120 (dispensed on 3/3/2015) is not medically necessary.