

Case Number:	CM14-0154157		
Date Assigned:	09/23/2014	Date of Injury:	01/17/2011
Decision Date:	11/03/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62 year-old female with date of injury 01/17/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/03/2014, lists subjective complaints as pain in the neck. Objective findings: Examination of the cervical spine revealed tenderness over the paracervical musculature with spasm. Range of motion demonstrated pain on flexion and extension with a positive foraminal compression test and Spurling's maneuver. Decreased grip strength bilaterally, left greater than right. There was weakness in the left greater than right biceps and triceps muscles with diminished brachioradialis and triceps reflexes and negative clonus or Hoffman signs. The diagnosis included cervical spondylosis with cervical disc disease and cervical radiculopathy. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as four months. The medication requested is Tramadol ER 150mg, #60 SIG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60 DOS: 7/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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. Tramadol can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued long-term use of opioids. As such, the request is not medically necessary.