MAXIMUS Federal Services

Case Number:	CM13-0026714		
Date Assigned:	11/22/2013	Date of Injury:	02/22/1999
Decision Date:	02/10/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 physician 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 claimant is a 63-year-old male presenting with headaches, constant neck pain, and constant bilateral upper and lower extremity pain following a work-related injury on 2/22/1999. The lower extremity pain is associated with numbness, tingling, weakness and cramping. Other associated symptoms include dizziness, blurred vision, nausea, memory problems, ringing in the ears, loss of balance, depression, anxiety, and sleeping difficulty. The physical exam was significant for antalgic gait, weakness of the left foot dorsiflexors and plantar flexors, bilateral deep tendon reflexes 1-2+ bilaterally, decreased sensation to pinprick in the left L5-S1 dermatomes, and difficulty with recall. The patient's EMG/NCS (electromyography/nerve conduction study) was significant for bilateral C5-6 root irritation with probable radiculopathy. The claimant was diagnosed with post traumatic head syndrome, cervical disc disease with radiculopathy, and lumbar strain. The claimant has tried lumbar epidural steroid injections, lumbar bracing, and physical therapy. The enrollee's medications include short-release Tramadol, which was converted to controlled-release Tramadol. The request was made for a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain: Headaches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Tramadol Page(s): 79, 83.

Decision rationale: Tramadol is not medically necessary. Tramadol is a centrally-acting opioid. Per MTUS, the use of opioids for osteoarthritis is recommended for short-term use after failure of first-line non-pharmacologic and medication options including Acetaminophen and NSAIDS. Additionally, guidelines state that weaning of opioids are recommended if (a) there is no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; and/or (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid. Given that Tramadol is a synthetic opioid, its use in this case is not medically necessary.