

Case Number:	CM13-0032454		
Date Assigned:	12/11/2013	Date of Injury:	01/04/2012
Decision Date:	02/14/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 Addiction, Pediatrics, has a subspecialty in Toxicology and is licensed to practice in Massachusetts and New York. 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 46 year old male who sustained a work related injury to the right knee and lumbar spine on 1/4/12. The patient has ongoing low back and knee pain. He has undergone, Chiropractic, Physical therapy, he has persistent knee pain in spite of the above therapy. He also is taking zanaflex currently. The medication in dispute is Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74 to 85.

Decision rationale: Not medically necessary. Criteria used for this review included Medical Treatment Utilization Schedule (MTUS) and PubMed literature review. After reviewing the available documents it is difficult to conclude that any positive functional or activities of daily living (ADL) outcomes accrued by previous use of tramadol. MTUS guidelines (page 82) recommend that opioids for neuropathic pain are not recommended as first line therapy. Some modifications in the indication have been documented in the MTUS guideline such as treatment

of cancer pain etc. The patient's present documented clinical situation does not indicate such medical condition. Also the patient is taking tizanidine presently, tramadol has a moderate interaction with tizanidine; the combined effect can cause increased drowsiness. Also tramadol is highly serotonergic drug which can predispose the patient to serotonin syndrome.