

Case Number:	CM13-0040280		
Date Assigned:	12/20/2013	Date of Injury:	05/19/1986
Decision Date:	04/21/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine and is licensed to practice in 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 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 67-year-old female who was injured on May 19, 1986. The patient continued to experience pain in her neck and low back. Physical examination was notable for restricted mobility of the lumbar spine and positive foraminal compression test on cervical spinal examination. Diagnoses included cervical strain, bilateral shoulder tendonitis, lumbar disc lesion with radicular symptoms, and anxiety/depression. The patient received epidural steroid injection on August 10, 2013 and experienced relief. Treatment included Request for authorization for Tramadol powder compound 120 gm was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF TRAMADOL POWDER COMPOUND 120GM: 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 Pain Interventions And Guidelines Page(s): s 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not

recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or (NSAIDS) non-steroidal anti-inflammatory drugs have failed. In this case documentation does not state which medications the patient is taking and how effective the medications are. There is no indication or intended duration of use documented for the Tramadol powder. Medical necessity has not been established.