

Case Number:	CM13-0049161		
Date Assigned:	12/27/2013	Date of Injury:	02/24/2010
Decision Date:	06/04/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Anesthesiology, has a subspecialty in Pain 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 an employee of [REDACTED] and has submitted a claim for Reflex Sympathetic Dystrophy of the upper limb, and chronic pain syndrome associated with an industrial injury date of February 24, 2010. Treatment to date has included use of physical therapy, acupuncture and pain medications such as naproxen, Neurontin, and tramadol, which has been prescribed since February 4, 2013. Medical records from 2013 were reviewed revealing that patient has chronic neck pain radiating to the left hand and fingers graded 9/10, and decreased to 7/10 by pain medications. Activities using the hands were compromised, such as, self-care/hygiene. Physical therapy sessions made no improvement. Upon physical examination, there was spinal vertebral tenderness at C5-C7, as well as left trapezius. Pain was significantly increased with flexion and extension. Motor exam showed decreased strength on the left. Utilization review from October 29, 2013 modified the request for TRAMADOL 50MG #60 into tramadol HCl 50mg, #20 because there was no documentation of a return to work or other functional improvement attributable to its use. An appeal was submitted on November 21, 2013 for modification of Tramadol. It states that patient has had considerable persistent pain with negative impact on function, and has failed more conservative treatment, thus medication should be continued. Furthermore, it states that patient has not exhibited signs of potential drug abuse, he has complied with an Opioid Pain Treatment Agreement, and the medication has been effective in maintenance of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TRAMADOL 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID
Page(s): 77-78-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that opioid analgesics and Tramadol are not considered as first-line treatment for neuropathic pain, unless prompt pain relief is needed while titrating a first-line drug, and treatment of episodic severe pain exacerbations. In addition, the Chronic Pain Medical Treatment Guidelines also states that ongoing opioid treatment should include monitoring of analgesia, activities of daily, adverse effects and aberrant-drug taking behaviors. In this case, the patient has been prescribed with tramadol as early as February 2013. An appeal letter was submitted on November 21, 2013 stating that patient has had considerable persistent pain with negative impact on function, and has failed more conservative treatment, thus tramadol should be continued. Furthermore, it states that patient has not exhibited signs of potential drug abuse, he has complied with an Opioid Pain Treatment Agreement, and the medication has been effective in maintenance of function. Patient reported relief of symptoms from 9/10 in severity to 7/10 upon intake of medications. However, medical records submitted and reviewed do not provide documentation on the impact of tramadol to patient's specific activities of daily living since it was used. The patient continues to report difficulties in hand function especially during self-care and hygiene. There was no evidence available to prove functional improvement despite long-term use of Tramadol. The request for prescription of Tramadol 50mg, sixty count, is not medically necessary or appropriate.