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| Case Number: | CM13-0049902 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 09/14/2000 |
| Decision Date: | 02/20/2014 | UR Denial Date: | 11/01/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

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 Internal Medicine and Geriatric 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 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 injured worker is a 50 year old man who was injured on 9/14/2000 with continued complaints of low back and right shoulder pain. At issue in this review is the denial of the medication, Tramadol. The most recent physician visit prior to the denial of Tramadol was on 8/19/13. The note indicates that the patient is there for follow up and continues to remain symptomatic. He takes Tramadol as needed for pain. He complained of low back pain with radiation to the buttocks and right leg. His right shoulder pain was the same. His physical exam showed tenderness over the anterolateral aspect of the right shoulder with painful and limited range of motion. He was tender in the paralumbar area with mild spasms and slightly painful and limited low back range of motion. Tramadol q 8 hour was recommended with diclofenac and home strengthening exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional status or side effects to justify long-term use. The tramadol is denied as not medically necessary.