

Case Number:	CM14-0005912		
Date Assigned:	02/07/2014	Date of Injury:	11/14/2011
Decision Date:	07/21/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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 Management and is licensed to practice in Tennessee. 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 57-year-old male who has submitted a claim for hand pain, shoulder pain, cervicalgia, and lumbago associated with an industrial injury date of November 14, 2011. Medical records from January 2013 through December 2013 were reviewed, which showed that the patient complained of persistent neck pain aggravated by repetitive movement of the neck, prolonged positioning of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. On physical examination, there is paravertebral muscle spasm. There is a positive axial loading compression test with extension of symptomatology in the upper extremities. There is significant limited range of motion, tenderness and weakness of the right shoulder. Positive Phalen and Tinel tests were also noted. Treatment to date has included medications, total shoulder arthroplasty, and physical therapy. Utilization review from December 27, 2013 denied the request for Tramadol ER 150mg #90 because records revealed that the patient was prescribed the same medication by another provider and he likely received his medication supply already. Another utilization review from January 13, 2014 approved the request for Tramadol ER 150mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HYDROCHLORIDE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Tramadol (Ultram) Page(s): 93-94, 113.

Decision rationale: According to page 93-94 and 113 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been on tramadol since June 2013. Benefit from tramadol was mentioned but no objective findings were documented. The records do not clearly reflect continued analgesia, continued functional benefit, and a lack of adverse side effects. Although opiates may be appropriate, additional information would be necessary, as the guidelines require clear and concise documentation for ongoing management. Moreover, the request failed to specify the dosage and quantity to be dispensed. Therefore, the request for Tramadol Hydrochloride is not medically necessary.