

Case Number:	CM14-0101452		
Date Assigned:	07/30/2014	Date of Injury:	10/23/2008
Decision Date:	09/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 58-year-old male who reported an injury from heavy lifting on 10/23/2008. On 04/10/2014, his diagnoses included cervical discogenic pain; lumbar discogenic pain; bilateral shoulder sprain/strain, rule out tear; bilateral wrist sprain/strain, rule out carpal tunnel syndrome; bilateral hand sprain/strain. On 03/06/2014, his medications included Zanaflex 4 mg, Percocet of an unknown dosage, Flurbiprofen/Gabapentin/Lidocaine rub, and Tramadol/Baclofen rub. This topical medication was the only mention of Tramadol in this injured worker's documents. There was no rationale included with the submitted paperwork. A request for authorization dated 05/10/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,80,81,89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-95 and Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for tramadol 150 mg #30 is not medically necessary. The California MTUS Guidelines suggest that a therapeutic trial of opioids should not be employed

until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily, and work activities and should be performed using a validated instrument or numerical rating scale. The patient should have at least 1 physical and psychosocial assessment by the treating doctor (and a possible second by a specialist) to assess whether a trial of opioids should occur. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There was no documentation submitted that this worker was utilizing Tramadol in any form other than a topical cream. The only opioid noted in this patient's submitted documentation was Percocet. The clinical information submitted failed to meet the evidence-based guidelines for a therapeutic trial of Tramadol. Additionally, the request did not include frequency of administration. Since this injured worker was taking more than 1 opioid, without the frequency, the Morphine equivalency dosage could not be calculated. Therefore, this request for Tramadol 150 mg #30 is not medically necessary.