

Case Number:	CM14-0109651		
Date Assigned:	08/01/2014	Date of Injury:	03/11/2002
Decision Date:	10/16/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 Medicine, and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 64 year old male with complaints of low back pain and leg pain. The date of injury is 3/11/02 and the mechanism of injury is an impact injury being struck in the head by a cement hose and then falling. At the time of request for tramadol 150mg#60, there is subjective (low back pain, left leg pain) and objective (none submitted related to musculoskeletal injuries) findings, imaging findings(abdominal pelvic CT scan report only submitted which is unrelated to the work injury), diagnoses (cervical and lumbar disc displacement), and treatment to date (medications, rest, surgery). Tramadol has mu-agonist activity as well tricyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There are many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Tramadol Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Tramadol has mu-agonist activity as well tricyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There are many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended. Unfortunately, there is no documentation of physical exam findings, imaging findings, or any clinical information on his continuing need for analgesic pharmacotherapy as well as lack of documentation of efficacy of treatment with tramadol, therefore this medication is not medically necessary.