

Case Number:	CM14-0014665		
Date Assigned:	04/21/2014	Date of Injury:	06/18/2011
Decision Date:	07/21/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 44-year-old male who has submitted a claim for cervical, thoracic, and lumbar spine sprain/strain, right shoulder tendinitis and bilateral elbow tendinitis associated with an industrial injury date of 06/18/2011. Medical records from 10/01/2013 to 01/28/2014 were reviewed and showed that patient complained of pain in the neck, mid back and low back graded 7/10 radiating down to bilateral upper extremities and right shoulder and elbow pain graded 4-10. The pain has interfered with his activities of daily living. Physical examination revealed tenderness over the C3-7 spinous process, bilateral lateral epicondyles, and T2-L5 spinous process. SLR Test was positive bilaterally. Total body bone scan done 10/01/2013 revealed no evidence of lumbar or thoracic spine tumour changes and six areas of presumed healed left rib fractures. Treatment to date has included lumbar spine epidural steroid injection (04/24/2012), Diclofenac sodium 100mg #60 and Omeprazole 20mg #60. Utilization review, dated 01/28/2014, denied the request for prescription of Tramadol 50mg #60 because the injured worker continued to experience pain with medications. Considering this, non-certification of prescription of Tramadol 50mg #60 was recommended.

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 Opioids (For Chronic Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79-81.

Decision rationale: According to pages 79-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. 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 2012. However, quantified pain measures and functional status were not documented. Compliance measuring methods were also not evident based on the records submitted for review. Therefore, the request for prescription of tramadol 50mg, #60 is not medically necessary.