

Case Number:	CM14-0017565		
Date Assigned:	04/18/2014	Date of Injury:	07/08/2009
Decision Date:	06/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine, and is licensed to practice in Florida. 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:

This patient is a 58 year-old with a date of injury of 07/08/09. A progress report associated with the request for services, dated 01/23/14, identified subjective complaints of neck and back pain as well as pain in both upper extremities. It was noted that medication reduced the pain by 50%. Objective findings included decreased range-of-motion of the cervical and lumbar spines. Motor and sensory function was normal. There was tenderness to palpation of the right elbow and wrist. Diagnoses included cervical and lumbar sprain/strain; right elbow lateral epicondylitis. Treatment has included antidepressants and oral opioids. A utilization review determination was rendered on 02/04/14 recommending non-certification of "1 prescription of tramadol 50mg #120".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TRAMADOL 50MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Page(s): 74-96, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. The MTUS Chronic Pain Guidelines regarding the on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." Opioids are not recommended for more than 2 weeks and the Guidelines further state that Tramadol is not recommended as a first-line oral analgesic. This patient has been on Tramadol in excess of 16 weeks. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. There was also a lack of documentation that other first-line oral analgesics have been tried and failed. Therefore, the record does not document the medical necessity for Tramadol. The request is not medically necessary and appropriate.