

Case Number:	CM14-0018139		
Date Assigned:	04/16/2014	Date of Injury:	07/18/2007
Decision Date:	06/02/2014	UR Denial Date:	02/03/2014
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 ABFP, has a subspecialty in ABPM 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 male patient sustained a work injury on 7/18/07 resulting in chronic back pain, shoulder pain and wrist pain. He had a diagnosis of lumbar facet syndrome, rotator cuff tear and carpal tunnel syndrome. He underwent rotator cuff decompression and carpal tunnel release. For over a year he had been using Norco and Soma for pain control. The latest progress note provided on 3/7/13 indicated 6/10 pain, which was aggravated with any motion. Straight leg raise test was positive and range of motion was requested. A request was made for epidural steroid injections. In January 2014, a request was made for Tramadol 50mg #30. Indication for use was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 93-94.

Decision rationale: According to the MTUS guidelines: Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the

following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol is a synthetic opioid affecting the central nervous system. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This does is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). Ultram ER[®]: Patient currently not on immediate release Tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). Patients currently on immediate release Tramadol calculate the 24-hour dose of IR and initiate a total daily dose of ER rounded to the next lowest 100mg increment (Max dose 300mg/day). In this case, there are no recent notes (for over a year) to indicate current pain levels and clinical findings. The indication for Tramadol is not provided. In addition, failure of a 1st line medication such as Tylenol or NSAID is not noted. As a result, the request for Tramadol is not medically necessary.