

Case Number:	CM14-0111861		
Date Assigned:	09/16/2014	Date of Injury:	05/15/2013
Decision Date:	10/15/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/17/2014

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 Management and is licensed to practice in Georgia. 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 claimant is a 45 year old female presenting with chronic pain following a work related injury on 05/15/2013. The claimant complained of right finger, shoulder and neck pain. The claimant has tried a TENs unit, and medications including Naproxen, Topiramate, Tramadol, and Omeprazole. According to the medical the claimant is receiving benefits and last worked on 05/16/2013. The physical exam showed stiffness or restricted range of motion of the cervical spine, slightly diminished strength on right grip, altered sensation in the right hand. Electrodiagnostic studies were consistent with mild right C6 or possible C5 radiculopathy. Cervical MRI showed C5-6 disc degeneration, posterior annular bulge, osteophyte complex, 3 mm C6-7 disc dessication and bulge, moderate-to-severe left C5-6 and bilateral C7-T1 neural foraminal stenosis. MRI of the wrist showed right wrist mild extensor carpi ulnaris tendinosis and scaphounate ligament degeneration. The claimant was diagnosed with mild C6 or C5 radiculopathy, chronic cervical spondylosis, right forearm and wrist strain/mild extensor carpi ulnaris tendinosis and scapholunate ligament degeneration without tear. A claim was made for Tramadol/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

Decision rationale: Tramadol is a centrally-acting opioid. Per MTUS page 83, opioids for osteoarthritis are recommended for short-term use after failure of first line non-pharmacologic and medication option including acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary.