

Case Number:	CM14-0120867		
Date Assigned:	08/06/2014	Date of Injury:	03/15/2005
Decision Date:	12/12/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 injured worker is a 55-year-old female who reported injuries due to cumulative trauma on 03/15/2005. The clinical document submitted is handwritten and difficult to read. On 05/23/2014, there were no diagnoses indicated for this injured worker. Her complaints included constant back, cervical spine, and knee pain. She was to receive injections of Toradol and vitamin B12. On 06/26/2014, the following medications were being requested for the symptomatic relief of persistent pain: Voltaren SR 100 mg, Orphenadrine ER 100 mg, Ondansetron 8 mg, Omeprazole 20 mg, and Tramadol ER 150 mg. A Request for Authorization dated 06/30/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 74-95;113.

Decision rationale: The request for Tramadol ER 150mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioids including documentation of

pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects; failed trials of aspirin, antidepressants, or anticonvulsants; quantified efficacy; or drug screens. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. Additionally, the request did not specify a frequency of administration. Therefore, this request for Tramadol ER 150mg #90 is not medically necessary.