

Case Number:	CM14-0151359		
Date Assigned:	09/19/2014	Date of Injury:	10/25/1998
Decision Date:	10/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational Medicine, 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 claimant injured her knees on 10/25/98. Tramadol is under review. She has diagnoses of knee osteoarthritis with adhesive capsulitis of the shoulder, impingement syndrome, lateral epicondylitis and cervicobrachial syndrome. She has used naproxen and omeprazole for many months in 2013 and 2014. As of 08/15/14, she was status post multiple injections with viscosupplementation. She remained on naproxen and was warned about anti-inflammatories. She was receiving viscosupplementation injections in August 2014 and was still taking naproxen and omeprazole. She was working full regular work. On 08/29/14, she remained on naproxen. It is not clear when the tramadol was begun. On 08/15/14, she reported being able to decrease her use of anti-inflammatories with the injections. However there is no mention of a change in her medication prescriptions. There is a request for authorization for tramadol on 08/21/14 with no note to explain that. On 08/22/14, her medications included naproxen and omeprazole and there is no mention of tramadol. It was not prescribed on that day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, 1 tablet twice a day (maximum two per day), quantity 60, (refills, none listed) for the left upper extremity pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 78,80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for tramadol 50 mg, 1 tablet twice a day (maximum two per day), quantity 60 (no refills) for left upper extremity pain. The CA MTUS p. 145 "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." Page 114 further states "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. (Dworkin, 2007) Response of neuropathic pain to drugs may differ according to the etiology of therapeutic pain. There is limited assessment of effectiveness of opioids for neuropathic pain, with short-term studies showing contradictory results and intermediate studies (8-70 days) demonstrating efficacy. There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs (such as acetaminophen) and no evidence that this medication was prescribed while a first line drug was being titrated to pain relief. The claimant was taking naproxen on a chronic basis, apparently for her knees and there is no documentation that tramadol was prescribed for the left upper extremity because it was not useful for the left upper extremity. No explanation for this prescription was located in the records. The anticipated benefit or indications for the use of this medication have not been stated. The request is not medically necessary.