

Case Number:	CM14-0158640		
Date Assigned:	10/02/2014	Date of Injury:	11/09/2007
Decision Date:	10/30/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 54-year old female with cervical disc disease at C5-6 and C6-7 and also has bilateral wrist and right shoulder issues. She underwent a right carpal tunnel release in 2008 and right shoulder rotator cuff repair in 2010. The cervical disc disease has benefitted from epidural steroid injections and surgery has been indicated. She is a smoker. ESIs give 70-80 percent relief. Current medications include Fexmid, Oxycodone, Tramadol, Promolaxin, Tizanidine, Topiramate, Flexeril, and Colace. The disputed issue is renewal of Tramadol 50 mg. # 90 and 2 refills of Tramadol 50mg 2 four times a day # 240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 2 po QID prn pain #240 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Formulary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR NEUROPATHIC PAIN Page(s): 82, 83, AND 84.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line analgesic. There is limited assessment of the effectiveness of opioids

for neuropathic pain with short term studies showing contradictory results and intermediate (8-70 days) results showing efficacy. However, it is not recommended beyond 3 months and there are no long term studies to allow its use beyond 3 months. The records indicate chronic use of Tramadol and its safety is not established. It is also not recommended as a first line analgesic for nerve pain from cervical discogenic disease. The utilization review recommended a reduced dosage and weaning off the drug. Based upon the guidelines the request for Tramadol 50 mg 2 by oral every day as needed pain # 240 with 2 refills is not medically necessary.