

Case Number:	CM14-0158907		
Date Assigned:	10/23/2014	Date of Injury:	03/21/2014
Decision Date:	11/28/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/29/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 34 year old employee with date of injury of 03/21/2014. Medical records indicate the patient is undergoing treatment for a post-traumatic daily headaches, dizziness and cognitive function; myoligamentous injury, cervical and thoracic spine-resolved. Subjective complaints include impaired concentration, impaired memory, dizziness and ongoing headaches. The patient states that his pain is rated 5-7/10 on a pain scale without medications. His periodic dizziness is occurring less frequently. Objective findings include cervical range of motion within normal limits and the patient could not perform a tandem gait with eyes closed. Treatment has consisted of Tramadol, Pantoprazole, Risperdal (paranoia) and Clonazepam. The utilization review determination was rendered on 08/26/2014 recommending non-certification of Tramadol 37.5/325 MG 1 Tablet Twice per day, Quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325 MG 1 Tablet Twice per Day, Quantity 90 for the Next 6 Weeks Related to Frequent Headaches, Dizziness and Cognitive Dysfunction, Secondary to Head and Neck Injury, as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) website: www.odg.twc.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram)

Decision rationale: Tramadol is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Official Disability Guidelines further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/Acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for Tramadol 37.5/325 MG 1 Tablet Twice per day, Quantity 90 is not medically necessary.