

Case Number:	CM14-0164186		
Date Assigned:	10/09/2014	Date of Injury:	12/08/2006
Decision Date:	11/14/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/06/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 70-year-old male with an original date of injury of December 8, 2006. The injured worker's diagnoses include chronic low back pain, lumbar strain, bilateral carpal tunnel syndrome, chronic shoulder pain, cervical radiculopathy, and a history of left shoulder surgery. The injured worker has been treated with pain medications, orthopedic consultation, physical therapy, activity restriction, and is awaiting a cervical epidural steroid injection and acupuncture according to a progress note on August 28, 2014. The patient's medication regimen consists of naproxen, tramadol/acetaminophen, omeprazole, and topical pain medications. The disputed request is for continuation of tramadol/acetaminophen. This was modified in a utilization review determination to allow one more refill for the purposes of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Section Page(s): 76-80.

Decision rationale: Regarding the request for tramadol, this is an atypical opioid agonist. As such, its usage requires monitoring of 4 A's as with any other opioid agonist. Although there is adequate documentation of pain efficacy and lack of aberrant behaviors through urine drug testing (which were carried out most recently on 8/28/14 and documented the presence of tramadol and no other illicit substances), there is a lack of documentation of functional benefit. This includes of lack of such documentation recent reports up until 8/28/14. Given this, this request is not medically necessary.