

Case Number:	CM14-0035704		
Date Assigned:	06/23/2014	Date of Injury:	11/14/2011
Decision Date:	07/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 patient is a 57 year old male with a date of injury of 11/14/11. He has developed chronic cervicle and lumbar pain. He has had a total R shoulder arthroplasty on 8/16/13 and is continuing to improve with extensive therapy. He also has electrodiagnostic positive carpal tunnel syndrome. The shoulder and spinal conditions are being treated by different orthopedic surgeons and both appear to be prescribing or providing Tramadol (Ultram) for the patient and neither is documenting specific use patterns and specific benefits. The Orthopedist for the spine regularly mails the patient a mix of medications with includes Tramadol 100ER #90. Concurrently, the Orthopedist for the shoulder states that he prescribes Ultram or Tramadol and performs periodic uring drug testing presumably due to his prescribing of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management; Opioids, Specific Drugs Page(s): 78; 93, 94.

Decision rationale: This Independent Medical Review supports the decision that Tramadol is not medically necessary at this time however, the reason for supporting the decision differs from the reviewer who conducted the Utilization Review determination. Tramadol has central acting opioid characteristics and should be treated as such. California Medical Treatment Utilization Schedule (MTUS) Guidelines are very clear that opioids should be from a single prescribing physician only and that this physician should detail the specific use pattern and specific benefits. These conditions are not met. It appears that there is a prescribing physician in addition to a separate physician that mails out the same opioid. Episodic use of Tramadol may be appropriate when provided under the correct circumstances and with the correct documentation, but these conditions are not in place.