

Case Number:	CM14-0042815		
Date Assigned:	07/16/2014	Date of Injury:	10/17/2005
Decision Date:	08/21/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/10/2014

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 Family Practice 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:

53 year old male claimant sustained a work injury on 9/13/12 involving the lower extremities. He had a right tibial fracture with hardware placed. A progress note on 12/11/13 indicate he had chronic right leg pain that worsened in the cold weather. He used Ultram ER keeps him going along with Ibuprofen. He had been on Ultram since February 2013. His exam findings were notable for swelling near the surgical scar. The treating physician prescribed him with Ultram 50 mg ER 200mg every day with a 3 month supply. A progress note on 4/9/14 indicated his pain level was worse while on Ultram and Advil. Exam findings were unchanged. The Ultram ER 200 mg tabs were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Ultram ER 200mg, #90, with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management of opioid use for chronic pain: Criteria/Guidelines Applied Tramadol (Ultram); Opioid Hyperalgesia Weaning of Medications: Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 90-92.

Decision rationale: Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). They are recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs)) and when there is evidence of moderate to severe pain. Long-term use is under study for long-term use as there are no long-term trials. The claimant had no improvement in function with over a year of Ultram use. There was evidence of opioid tolerance and lack of pain control. The use of Ultram as provided above was not medically necessary.