

Case Number:	CM14-0044667		
Date Assigned:	07/02/2014	Date of Injury:	05/27/2010
Decision Date:	08/21/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 59-year-old male who reported an injury on 05/27/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 05/06/2014 indicated diagnoses of cervicgia and lumbago. The injured worker reported constant cervical pain and lumbar pain with spasms. On physical examination, there was tenderness to the cervical spine and lumbar spine with spasms. The injured worker had a positive Spurling's and positive straight leg raise with decreased range of motion. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included naproxen, orphenadrine citrate ER, sumatriptan succinate, ondansetron, omeprazole, quazepam, tramadol hydrochloride ER 150 mg, ketoprofen, Norco, Methoderm gel, and Terocin patch; the provider submitted request for tramadol 50 mg every 8 hours. A request for authorization dated 05/13/2014 was submitted for tramadol ER 150 mg #90 1 a day as needed for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg q8hours prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The California MTUS Guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There was a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there was a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. Therefore, the request for Tramadol is not medically necessary.