

Case Number:	CM14-0047651		
Date Assigned:	06/25/2014	Date of Injury:	09/02/1998
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/31/2014

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, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 56-year-old female was reportedly injured on 9/2/1998. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 3/3/2014, indicated that there were ongoing complaints of chronic neck pain. The physical examination was handwritten and only partially illegible. There were cervical spine positive spasm and decreased sensation at C5-C7. No recent diagnostic studies were available for review. Previous treatment included physical therapy, medications, and conservative treatment. A request had been made for Tramadol ER 150 mg #60 and was not certified in the pre-authorization process on 3/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tramadol ER 150mg #60, 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) www.odgtwc.com/odgtwc/formulary.htm; Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed. McGraw Hill, 2006; Physician's Desk Reference, 68th edition; Drugs.com; Epocrates Online, www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com; Opioid Dose calculator-AMDD Agency Medical Directors Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic, and it is not recommended as a first-line oral analgesic. The MTUS Chronic Pain Treatment Guidelines support the use of Tramadol (Ultram) for short-term use, after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records failed to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.