

Case Number:	CM14-0076314		
Date Assigned:	07/18/2014	Date of Injury:	10/04/2012
Decision Date:	09/24/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 injured worker is a 44-year-old female who has submitted a claim for cervical sprain, lumbosacral sprain, post-traumatic headaches, post-traumatic sleep disruption, and whiplash syndrome associated with an industrial injury date of October 4, 2012. Medical records from 2013-2014 were reviewed. The patient complained of ongoing neck pain. The pain radiates to the left arm and scapula. There was trouble sleeping as well. Physical examination showed tenderness on the right and left cervical spine. Range of motion was limited. Motor strength and sensation was intact. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, and activity modification. Utilization review, dated May 21, 2014, modified the request for Tramadol 50mg #120 with 1 refill to Tramadol 50mg #120 with no refills because it was appropriate for the patient although without refill due to medication monitoring. Another utilization review dated August 8, 2014 modified the request for Tramadol 50mg #120 with 1 refill to Tramadol 50mg #90 with no refills to facilitate weaning and because there was no appreciable benefit from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

Decision rationale: According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, previous utilization review dated August 8, 2013 state that the patient has been taking Tramadol since December 24, 2012. There was no documented evidence of functional improvement from the medication. In addition, specific measures of analgesia and improvements in activities of daily living were not documented. There was also no documentation of adverse effects and aberrant drug-taking behavior. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, previous utilization review dated February 10, 2014 already initiated weaning of Tramadol for the patient. Therefore, the request for Tramadol 50mg #120 with 1 refill is not medically necessary.