

Case Number:	CM14-0090375		
Date Assigned:	09/10/2014	Date of Injury:	04/23/2013
Decision Date:	10/07/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 Management 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:

According to the records made available for review, this is a 70-year-old female with a 4/23/13 date of injury, and C3-C6 fusion on 12/13/13. At the time (5/23/14) of request for authorization for Tramadol HCL Tab 300mg ER #30, day supply 30, with no refills; and Tramadol HCL Tab 50mg #75, day supply 25, there is documentation of subjective (radiating neck pain and lower extremities pain and numbness) and objective (limited range of motion due to the cervical spine, spasm over the lower lumbar paraspinal muscles, and decreased sensation to touch in the shins and feet) findings, current diagnoses (chronic pain syndrome, status post C3-C6 fusion, possible acute cervical disc herniation, and T12 compression deformity/fracture), and treatment to date (medications (including ongoing treatment with Tramadol since 5/23/14 and Norco)). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Tab 300mg ER #30, day supply 30, with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids, criteria for u.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, status post C3-C6 fusion, possible acute cervical disc herniation, and T12 compression deformity/fracture. In addition, there is documentation of ongoing treatment with Tramadol since 5/23/14, and that Tramadol is used as second-line treatment (in combination with first-line drug (Norco)). However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Tramadol HCL Tab 300mg ER #30, day supply 30, with no refills is not medically necessary.

Tramadol HCL Tab 50mg #75, day supply 25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids, criteria for u.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, status post C3-C6 fusion, possible acute cervical disc herniation, and T12 compression deformity/fracture. In addition, there is documentation of ongoing treatment with Tramadol since 5/23/14, and that Tramadol is used as second-line treatment (in combination with first-line drug (Norco)). However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Tramadol HCL Tab 50mg #75, day supply 25 is not medically necessary.

