MAXIMUS Federal Services

Case Number:	CM14-0090901		
Date Assigned:	09/10/2014	Date of Injury:	01/01/1992
Decision Date:	10/03/2014	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 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:

61 yr. old male claimant sustained a work injury on 1/1/92 due to stress working as a police office. He was diagnosed with chronic right shoulder pain kidney disease, hypertension, and cardiomyopathy. He had been on Tramadol 50 mg as needed since at least January 2014. A progress note in May 20, 2014 indicated the claimant had rare chest pain. He had a prior echo that showed coronary calcium and normal LV function. Review of symptoms and physical exam were unremarkable. He was continued on anti-hypertensives, diuretics, aspirin, Metformin and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus

guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. In this case, there is no specified indication for the chronic use of Tramadol. Pain scales are not mentioned. Exam findings and claimant's history do not support the use of Tramadol. Continued use of Tramadol is not medically necessary.