

Case Number:	CM14-0094409		
Date Assigned:	07/25/2014	Date of Injury:	09/27/2004
Decision Date:	11/06/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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 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:

The injured worker is a 61-year-old female with a date of injury on 9/27/04. The listed diagnoses are bilateral knee sprain/strain, ankle sprain, myofascial pain, and chronic pain. Reported treatment as of May 21, 2014 consisted of Tramadol extended release 150 mg, LidoPro ointment and transcutaneous electrical nerve stimulation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Refill of Tramadol ER 150mg #60 To Allow For Weaning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning Of Medications Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Weaning, Opioids Official Disability Guidelines (ODG) Pain Tramadol ER

Decision rationale: According to the Official Disability Guidelines and the California Chronic Pain Medical Treatment Utilization Schedule, Tramadol extended release is recommended for the injured worker requiring around the clock analgesia. According to the submitted request, Tramadol extended release 150 mg #60 tablets have been recommended to allow for weaning off these medications. However, Tramadol extended release is indicated for once per day dosing. If

the plan is to wean off, the continued use of an extended release formulation is not appropriate or supported by the cited guidelines. Weaning off requires the use of a short acting opiate analgesics not a long-acting opiate analgesic.