

Case Number:	CM14-0188327		
Date Assigned:	11/19/2014	Date of Injury:	11/19/2013
Decision Date:	01/16/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/12/2014

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:

This case is a 63-year old male with a date of injury on 11/19/2013. A review of the medical records indicates that the patient has been undergoing treatment for lumbar disc displacement, rotator cuff syndrome, and shoulder joint pain. Objective findings include decreased range of motion to cervical neck, shoulder, and lumbar spine with tenderness to right shoulder and spine. Treatment has included epidural steroid injection, physical therapy, and medications (unspecified from documents). A utilization review dated 10/29/2014 non-certified a request for Tramadol HCL tablets 50mg #60 due to lack of documented first line therapy failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL tablets 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123.

Decision rationale: Tramadol is classified as central acting synthetic opioids. MTUS states regarding tramadol that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and

the continued use of opioids should be contingent on meeting these goals. ODG further states, Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen. The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for Tramadol HCL tablets 50mg #60 is not medically necessary.