

Case Number:	CM14-0201214		
Date Assigned:	12/11/2014	Date of Injury:	01/08/2014
Decision Date:	01/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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 Ohio. 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 66-year-old male with a date of injury of January 8, 2014. He was violently bounced within the cab of his forklift. The initial diagnosis was head contusion and sprain/strain of the thoracic and lumbar spine. He has been treated with physical therapy and anti-inflammatories, namely Naprosyn. He continued to complain of low back pain radiating to the left lower extremity, neck pain, and left sided headaches. The physical exam revealed full range of motion of the cervical spine with tenderness to palpation the paracervical muscles. There is diminished lumbar range of motion with a positive straight leg raise test on the left and an absent Achilles tendon reflex bilaterally. The diagnoses are multilevel degenerative disc disease with sciatica and cervical spine generally disc disease. There appears to be a substantial gap in the records provided. In November 2014 there appears to be a new prescription for tramadol 150 mg #60 and for Gabadone. At issue is a request for the tramadol. The utilization review physician did not certify the tramadol on the basis that improvements in analgesia and functionality were not demonstrated on the tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadaol 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 58-59, 78.

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

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max400mg/day). Those prescribed opioids chronically require ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. In this instance, the request for tramadol appears to be for a new prescription and not merely a continuation. That being said, there is a substantial gap in the records provided and so the following recommendations are based upon the available information only. On May 20, 2014 the injured worker stated that the pain in his neck and back have increased in spite of already taking Naprosyn. Consequently, and because the request for this prescription appears to be a new one, Tramadol 150 mg, #60 was medically necessary.