

Case Number:	CM14-0060884		
Date Assigned:	07/09/2014	Date of Injury:	01/09/2003
Decision Date:	05/01/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on 01/09/2003. The past medical history include fall from a stair. Treatment to date has included medications. According to a progress report dated 03/28/2014, the injured worker complained of continued total body pain, chronic fatigue, difficulty sleeping, numbness and tingling on the tips of her fingers on the left hand and swelling, weakness and numbness of the right hand. Physical examination revealed marked weakness in right hand, flexor deformities, no new joint swelling, and normal neurological examination and no rheumatoid arthritis deformities. Diagnoses included Autonomic Neuropathy and Reflex Sympathetic Dystrophy of lower limb. Treatment plan included Lyrica, Klonopin, Fosamax, Topamax, Tramadol, Flurbiprofen and Omeprazole. The medication list include Lyrica, Klonopin, Fosamax, Topamax, Tramadol, Flurbiprofen and Omeprazole. A recent detailed clinical evaluation note of the treating physician was not specified in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (dosage and quantity unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Request: Tramadol (dosage and quantity unknown) Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "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." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Any recent detailed clinical evaluation note of treating physician was not specified in the records. Physical examination on 3/28/14 revealed no new joint swelling, and normal neurological examination and no rheumatoid arthritis deformities. Any significant functional deficits that would require medication Tramadol was not specified in the records provided. Patient is having chronic pain and is taking Tramadol for this injury. Response to Tramadol in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided. Short term or prn use of Tramadol for acute exacerbations would be considered reasonable appropriate and necessary. However, any evidence of episodic exacerbations of severe pain was not specified in the records provided. The need for Tramadol on a daily basis with lack of documented improvement in function is not fully established. The dosage and quantity of the tramadol and whether it is being prescribed for prn or daily use, is also not specified in the records provided. The medical necessity of the request for Tramadol (dosage and quantity unknown) is not fully established for this injury.