

Case Number:	CM14-0063964		
Date Assigned:	07/11/2014	Date of Injury:	01/27/2012
Decision Date:	04/10/2015	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/06/2014

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 50-year-old female, who sustained an industrial injury on January 27, 2012. She has reported due to constant typing and repetitive use of hands she started having pain in the right wrist. The diagnoses have included cervicalgia (neck pain) and arthropathy of bilateral hands. Treatment to date has included steroid injections in her right elbow in November 2012, Magnetic resonance imaging of her right elbow, right wrist and back, cortisone injection in her neck in November 2013, acupuncture treatment. Currently, the injured worker complains of right elbow, right shoulder, bilateral wrists, neck and head pain. In a progress note dated February 24, 2014, the treating provider reports examination of the bilateral wrists and neck, revealed positive Phalen's test. On April 10, 2014 Utilization Review non-certified a tramadol HCL 150mg ER days supply 30, quantity 45, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Review of Tramadol HCL ER 150 mg, #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term use of opiates.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram)^{1/2}.

Decision rationale: Ultram is the brand name version of tramadol, which 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. There is no documentation of functional improvement. As such, the request for Review of Tramadol HCL ER 150mg #45 is not medically necessary.