

Case Number:	CM15-0000512		
Date Assigned:	01/12/2015	Date of Injury:	01/16/2007
Decision Date:	03/06/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/02/2015

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: Arizona, 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 56 year old male, who sustained an industrial injury on January 16, 2007. He has reported shoulder, and wrist pain. The diagnoses have included shoulder pain, impingement and bursitis, bilateral epicondylar and subcromial repair, carpal tunnel syndrome with release and chronic pain. Treatment to date has included multiple surgeries. Currently, the IW complains of shoulder, right and left wrist pain. NSAIDs have failed to produce pain relief. He does home exercises for strength and stretching although physical therapy has been denied. Norco and Tramadol have been effective at increasing function. On December 5, 2014 Utilization Review non-certified a request for Tramadol HCL ER 200 mg #30 noting the lack of documentation of dose reduction of Norco related to its use The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited. On December 9, 2014, the injured worker submitted an application for IMR for review of Tramadol HCL ER 200 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and opioids Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol and Norco for over 8 months in combination with an NSAID. No one opioid is superior to another. There is no indication for combining multiple classes of opioid and NSAIDs. In addition, long-term use of opioids can lead to addiction and tolerance. Long-term use of opioids have not been studied. There was mention of requiring less Norco while using Tramadol; however, that reduction in dosage was not noted over time. The continued use of Tramadol ER as above is not medically necessary.