

Case Number:	CM15-0002440		
Date Assigned:	01/13/2015	Date of Injury:	09/19/2002
Decision Date:	03/09/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/06/2015

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:

This 58 year old male sustained work related industrial injuries on September 19, 2002. The injured worker was diagnosed and treated for cervical radiculopathy, chronic pain syndrome, carpal tunnel syndrome, and leg pain. Treatment to date has included diagnostic studies, prescribed medications, physical therapy, consultations and periodic follow up visits. Per treating provider report dated 10/29/14, the injured worker reported chronic pain with increased pain in the right hip and arm, occurring over the past three years. Physical exam revealed distress secondary to chronic right arm and right leg pain. Head and neck exam revealed decreased range of motion. Neurologic exam revealed chronic weakness in right hand. Documentation noted antalgic gait secondary to right hip pain. The treating physician prescribed Tramadol HCL Tab 300mg ER now under review. On December 29, 2014, the Utilization Review (UR) evaluated the prescription for Tramadol HCL Tab 300mg ER. Upon review of the clinical information, UR non-certified the request for Tramadol HCL Tab 300mg ER, noting the lack of clinical documentation to support medical necessity. The MTUS Guidelines was cited. On January 6, 2015, the injured worker submitted an application for IMR for review of Tramadol HCL Tab 300mg ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Tab 300mg ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and Tramadol 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. Although it may be a good choice in those with back pain, they had been placed on the maximum dose. According to the guidelines, patients currently not on immediate release tramadol should be started on Tramadol ER at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). The immediate escalation of the Tramadol ER as prescribed above is not medically necessary.