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| Case Number: | CM15-0005679 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 05/03/2009 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 01/12/2015 |

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: California

Certification(s)/Specialty: Emergency Medicine

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 63 year old male, who sustained an industrial injury on 5/3/2009. On 1/12/15, the injured worker submitted an application for IMR for review of tramadol 50mg #60 for purposes of initiating a taper for discontinuation over the course of the next 2-3 months. The treating provider reported pain management visits for complaints of neck, shoulder, and hands with radiation to both arms and mid to lower back pain. The diagnoses in the physician's notes have included lumbosacral and cervical radiculitis, whiplash injury to neck. Treatment to date has included status post shoulder surgery, epidural steroid injections, physical therapy and medication, x-rays, MRI's and psychological testing. On 12/30/14 Utilization Review modified the certification to tramadol ER 1150mg #50 for the purposes of initiating a taper for discontinuation over a course of the next 2-3 months noting the MTUS 2009: Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol.

Decision rationale: The requested Tramadol 50mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the neck, shoulder, and hands with radiation to both arms and mid to lower back pain. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg #60 is not medically necessary.