

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0105492 | | |
| Date Assigned: | 06/09/2015 | Date of Injury: | 10/01/2007 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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 female, who sustained an industrial injury on 10/01/2007. She has reported injury to the neck and right upper extremity. The diagnoses have included cervical sprain; right shoulder tendinopathy; and right wrist sprain. Treatment to date has included medications, diagnostics, injections, acupuncture, and physical therapy. Medications have included Tramadol, Sulindac, and Gabapentin. A progress note from the treating physician, dated 04/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in her neck, right shoulder, right hand, and right wrist; pain is rated as a 5/10 on the pain scale, at rest; the worst pain is rated at 7; the lowest pain is rated at 5; repetitive use of her right upper extremity, reaching, lifting, and gripping make her pain worse; medication and rest make the pain better; and she is stable on her medications including Tramadol, Gabapentin, and Sulindac. Objective findings included mild tenderness to palpation on the lower right trapezius muscles; tenderness to anterior acromioclavicular joint and decreased flexion of the right shoulder; there is no localized tenderness to palpation of the right elbow or the right wrist; and there is decreased range of motion of the right wrist with dorsiflexion and palmar flexion. The treatment plan has included the request for Tramadol 50 mg #120 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. In this case, the claimant had been on Tramadol for an unknown length of time. There is no indication of Tylenol failure. Pain scores were not noted. The claimant was on Sulindac in combination but effect of Sulindac is unknown. The continued use of Tramadol is not substantiated and not medically necessary.