

Case Number:	CM15-0145653		
Date Assigned:	08/06/2015	Date of Injury:	10/13/2011
Decision Date:	09/03/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old female who sustained an industrial injury on 10-13-11. Initial complaints and diagnoses are not available. Treatments to date include medications, left hip surgery, and psychotherapy. Diagnostic studies include MRIs of the left hip, left shoulder, and lumbar spine, as well as x-rays of the bilateral knees. Current complaints include left shoulder and left hip pain. Current diagnoses include pain in the joint and lumbosacral spondylosis. In a progress note dated 06-09-15 the treating provider reports the plan of care as medications including Norco, Effexor, and diclofenac cream. The requested treatment includes tramadol. The documentation supports that on 05-27-15 the tramadol was discontinued and replaced with Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Tramadol (Ultram).

Decision rationale: Tramadol/APAP 37.5/325mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the request for Tramadol is retrospective for the date 4/29/15 per appeal letter written 7/16/15. The ODG states that Tramadol has unreliable analgesic activity and potential side effects such as serotonin syndrome. The documentation indicates that the patient is on Effexor and Tramadol which may cause interaction such as serotonin syndrome. The documentation submitted does not reveal the above pain assessment or objective evidence of increased function while on Tramadol/APAP. For all of these reasons this request for Tramadol/APAP is not medically necessary.