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| Case Number: | CM15-0145915 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 04/19/2013 |
| Decision Date: | 09/10/2015 | UR Denial Date: | 07/14/2015 |
| 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female with industrial injury date of 04-19-2003. His diagnoses included chronic cervical pain with cervical degenerative disk disease, chronic bilateral cervical 6, cervical 7 and cervical 8 radiculopathy, chronic bilateral carpal tunnel syndrome status post left carpal tunnel release, chronic low back pain with multi-level disk bulge, dyspepsia, depression and anxiety and constipation. A co-morbid condition was hypertension. Prior treatment included medications, psychiatric visits, home exercise program and left carpal tunnel surgery. He presents on 06/08/2015 with complaints of neck, back and left wrist pain. He also notes increased pain in both legs. He also complained of trouble sleeping. Physical exam noted paracervical tenderness from cervical 2 to cervical 7-thoracic 1. There was parathoracic tenderness from thoracic 1- thoracic 12 - lumbar 1 and paralumbar tenderness from lumbar 1- lumbar 5-sacral 1. The treatment plan included Tramadol, Colace, follow up for psychiatric treatment, follow up with primary care doctor for abdominal pain and modified duty status. The treatment request for Colace 100 mg # 240 was authorized. The treatment request for review is Tramadol 50 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Tramadol is not recommended for use in patients with a diagnosis of depression. In this case, there is no objective documentation of significant pain relief or functional improvement with prior use of Tramadol and the injured worker has been diagnosed with depression. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg #120 is determined to not be medically necessary.