

Case Number:	CM15-0146378		
Date Assigned:	08/07/2015	Date of Injury:	08/26/2014
Decision Date:	09/03/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 is a 23-year-old male with an August 26, 2015 date of injury. A progress note dated June 9, 2015 documents subjective complaints (chronic pain in the neck; pain in the back of the right shoulder; pain rated at a level of 7 out of 10; numbness of the right arm), and objective findings (decreased range of motion of the right shoulder secondary to pain; positive crepitus with range of motion of the right shoulder; positive tenderness of the lateral acromion and acromioclavicular joint). Diagnoses were noted in the medical record to include chronic neck pain and upper back pain. Treatments to date have included non-steroidal anti-inflammatory drugs. The treating physician documented a plan of care that included Tramadol HCL ER 150mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL cap 150mg ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol/ Ultram Page(s): 93-94, 113.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Tramadol/ Ultram as a treatment modality. Relevant to this case, these MTUS guidelines state the following: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic (Page113). The MTUS guidelines also describe the dosing regimens recommended for this agent (Pages 93-94). Notably, there is no 150 mg form of Tramadol HCL ER. The medical records do not provide evidence that this patient has tried or has failed on a first-line opioid in the management of the patient's pain symptoms. Therefore, without evidence of a trial of a first-line opioid, it is not medically necessary to initiate therapy with Tramadol. Further, the requested pill size (150mg) is not available according to the MTUS guidelines. For these two reasons, Tramadol HCL cap 150mg ER is not medically necessary.