

Case Number:	CM15-0163072		
Date Assigned:	08/31/2015	Date of Injury:	03/09/2009
Decision Date:	10/15/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/19/2015

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 50 year old male injured worker suffered an industrial injury on 3-9-2009. The diagnoses included chronic pain syndrome and reflex sympathetic dystrophy of the upper limb. The treatment included medication and physical therapy. The diagnostics included psychological evaluation for spinal cord stimulator and medications. On 6-16-2015, the treating provider reported pain located on the right arm right shoulder, right wrist and right hand. She stated the pain radiated up to the neck and upper back. He reported numbness and tingling in the right upper extremity. The pain without medications was 9 to 10 out of 10 and with medications 6 out of 10. On 7-14-2015, the treating provider reported no clinical findings. There was a signed agreement for controlled substances along with risk assessment with urine drug screens. The injured worker had returned to modified work. The requested treatments included Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Tramadol is a direct-Mu agonist, an opioid like medication. As per MTUS Chronic pain guidelines initialization of opioid treatment should be as short term as possible and consideration of alternatives and a specific plan. Patient shows significant benefit from NSAIDs. Documentation also notes side effects from prior opioid use and lack of benefit. It is unclear why tramadol was added on to current regiment. The number of tablets requested is also not appropriate for short-term use. There is a lack of documented justification for addition to tramadol when NSAIDs are beneficial; there was no prior benefit from opioid therapy and lack of long-term plan. Tramadol is not medically necessary.