

Case Number:	CM15-0192567		
Date Assigned:	10/06/2015	Date of Injury:	09/13/2007
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/30/2015

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: Texas, Florida, 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 62 year old male, who sustained an industrial-work injury on 9-13-07. A review of the medical records indicates that the injured worker is undergoing treatment for rotator cuff syndrome, lumbar intervertebral disc disorder, cervical intervertebral disc disorder, and sciatica. Treatment to date has included pain medication including Vicodin, Tramadol since at least 9-11-15, off work, diagnostics and other modalities. Medical records dated (8-7-15 to 9-11-15) indicate that the injured worker complains of cervical, thoracic, right shoulder, lumbar, hip, buttock and pelvic pain. The pain is rated 5-6 out of 10 on the pain scale, at its worst 7-8 out of 10 and at its best rated 4-5 out of 10. This has been unchanged. The injured worker states that she feels better with pain medication, walking and rest. The symptoms worsen with activities. Per the treating physician report dated 8-7-15, the work status is temporary totally disabled. The physical exam dated 9-11-15 reveals tenderness of the cervical area, right shoulder and lumbar area. There is decreased cervical range of motion, and positive Spurling's, bilaterally. The right shoulder reveals decreased range of motion and the lumbar exam reveals decreased range of motion. The physician prescribed compounded analgesic cream, Tramadol and Prilosec. The requested service included Tramadol HCL 50mg BID #60. The original Utilization review dated 9-18-15 non-certified the request for Tramadol HCL 50mg BID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioid hyperalgesia, Weaning of Medications.

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

Decision rationale: This claimant was injured now 8 years ago. There is mention of the use of Tramadol since at least September. There are still ongoing pain complaints. The objective functional benefit in the Tramadol use is not noted. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. No objective, functional improvement out of the medicine is noted. Given the evidence-based guides regarding limited efficacy, and these factors, the request is not medically necessary.