

Case Number:	CM15-0198106		
Date Assigned:	10/13/2015	Date of Injury:	05/05/1999
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/08/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 70 female who sustained a work-related injury on 5-5-99. Medical record documentation on 7-7-15 revealed the injured worker was being treated for L5-S1 lumbar radiculopathy, C6 cervical radiculopathy, and muscle spasm. She reported continued low back pain with radiculopathy to the lower extremities and reported neck pain with radiation of pain to the right shoulder and down her arm. Her pain level was 3-6 on a 10-point scale with medications (3-6 on 4-28-15) and without her medications her pain rating was "much higher." She reported that her chiropractic therapy was very helpful and she used Tramadol for pain management (since at least 11-11-14). A urine drug screen on 4-28-15 was consistent with her medication regimen. Previous trigger point injection provided relief. Objective findings included tight cervical paraspinal muscles with multiple trigger points. She had trigger points on the trapezius muscles and rhomboideus muscles as well as the posterior scalenes and levator scapulae muscle. Her cervical spine range of motion was limited secondary to pain with flexion and extension and was within normal limited for bilateral bending and rotation. Her bilateral shoulder range of motion was limited due to pain with abduction and forward flexion. She had decreased sensation in the median distribution on the right and normal sensation on the left. A request for Tramadol HCL 50 mg #120 with two refills was received on 9-11-15. On 9-24-15, the Utilization Review physician determined Tramadol HCL 50 mg #120 with two refills was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Tramadol HCL Tab 50mg #120 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

Decision rationale: MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The treating physician did not provide sufficient documentation that the patient has failed her trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. While MTUS does state that Tramadol may be used for neuropathic pain, it is not recommended as a first-line therapy. The treating physician has not provided documentation of a trial and failure of first line therapy. ODG notes that opioids are recommended for short term use only and the available medical record notes that the IW has been using this medication for over a year. As such, the request for Tramadol 50mg #120 is not medically necessary.