

Case Number:	CM15-0050970		
Date Assigned:	03/24/2015	Date of Injury:	03/18/2010
Decision Date:	05/01/2015	UR Denial Date:	03/01/2015
Priority:	Standard	Application Received:	03/17/2015

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:

The injured worker is a 63-year-old male who sustained an industrial injury on 03/18/2010. He reported injury to his left upper extremity, left upper and lower leg, left hip, left shoulder, lumbar and/or sacral vertebrae. The injured worker was diagnosed as status post open reduction, internal fixation of the humerus fracture, status post pelvic fractures, limp secondary to left leg abductor weakness, and sciatica of the left lower extremity. Treatment to date has included surgery to repair the left arm fracture, and physical therapy for treatment of the pelvic and hip fractures. Currently, the injured worker complains of intermittent mid and low back pain with radiation down the bilateral lower extremities to the toes. He also complains of neck and left upper extremity pain. The injured worker notes that with tramadol 50 mg 2-3 times a day, pain is decreased by 30% and he is able to perform more activities. A request for authorization is made for Tramadol 50 mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #90 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. In this case, the injured worker is followed for chronic pain and is reporting pain relief and increase in function with Tramadol 50 mg 2-3 per day. The MTUS guidelines state that opioids may be continued if there has been improvement in pain and function. There is no evidence of abuse or diversion. The request for Tramadol 50 mg #90 with 3 refills is therefore medically necessary.