

Case Number:	CM15-0232945		
Date Assigned:	12/08/2015	Date of Injury:	07/12/2010
Decision Date:	01/19/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	11/30/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 injured worker is a 57 year old female who reported an industrial injury on 7-12-2010. Her diagnoses, and or impressions, were noted to include: back pain; nerve neuralgia-sciatica; and severe gastritis, without bleeding, and pancreatitis. No imaging studies were noted. Her treatments were noted to include: medication management with toxicology studies (7-28-15); and rest from work. The progress notes of 10-27-2015 reported complaints which included: that she went to her pain management doctor and was on new medications; left upper quadrant pain, went to the hospital, had an ultrasound and was diagnosed with pancreatitis and ulcer; and that she still had lots of pain and stress in her life. The objective findings were noted to include: tenderness in the epigastric area, without rebound. The physician's requests for treatment were noted to include continuing medications noted to include Tramadol ER 100 mg twice daily. Tramadol ER 150 mg #60 with 3 refills was noted ordered back as far as 1-27-2015. The Request for Authorization, dated 11-11-2015, was noted to include Tramadol 150 mg, #180, dispensed on 10-27-2015. The Utilization Review of 11-17-2015 non-certified the request for Tramadol 150 mg twice a day, #180 for a 90 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #180 (1 tab PO BID 90 day supply): 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, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

Decision rationale: Tramadol is classified as a central acting synthetic opioids. 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." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a 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. MTUS states that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for tramadol 150mg #180 is not medically necessary.