

Case Number:	CM15-0244930		
Date Assigned:	12/24/2015	Date of Injury:	08/27/2013
Decision Date:	01/29/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/16/2015

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: New York
 Certification(s)/Specialty: Internal 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 57 year old male, who sustained an industrial injury on 08-27-2013. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for cervical foraminal stenosis, thoracic protrusion, possible medial and lateral meniscus tears to left knee, rule out right shoulder impingement, and right shoulder calcific tendinitis and adhesive capsulitis. Treatment and diagnostics to date has included lumbar surgeries, chiropractic treatment, and medications. Recent medications have included Hydrocodone-Acetaminophen, Tramadol (since at least 09-08-2015), Naproxen, Pantoprazole, and Cyclobenzaprine. Subjective data (10-29-2015 and 11-19-2015), included pain in the right shoulder, back, neck, and right knee rated 5-8 out of 10. Objective findings (11-19-2015) included tenderness to cervical, thoracic, and lumbar spine and left knee and right shoulder and pain with range of motion to right shoulder with crepitus. The request for authorization dated 11-23-2015 requested Hydrocodone, Tramadol 150mg #60, Naproxen, Pantoprazole, and Cyclobenzaprine. The Utilization Review with a decision date of 12-02-2015 non-certified the request for retrospective Tramadol 150mg #60 (DOS: 10-29-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol 150 mg #60 DOS 10/29/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested retrospective request for Tramadol 150 mg #60 DOS 10/29/15 is not medically necessary.