

Case Number:	CM14-0125523		
Date Assigned:	09/16/2014	Date of Injury:	11/06/2009
Decision Date:	10/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 63-year-old female with an 11/6/09 date of injury. At the time (7/16/14) of request for authorization for Tramadol 325 mg #30 times two, there is documentation of subjective (improvement in pain following acupuncture visits) and objective (cervical muscle spasm, tenderness to palpation in the upper, mid and lower paravertebral and trapezius muscles, decreased cervical range of motion; tenderness to palpation over the thoracic spine; bilateral shoulder tenderness to palpation over the anterior rotator cuff, AC joint and bicipital tenderness, and positive impingement sign; tenderness to palpation over the wrists with positive Phalen's and median compression signs; decreased sensation along the C6 and median nerve distributions; lumbar tenderness over the paravertebral muscles with decreased range of motion; and decreased sensation in the L5 distribution) findings, current diagnoses (cervical, thoracic and lumbar sprain, degenerative joint disease of the cervical spine, cervical radicular syndrome, degenerative joint disease of the lumbar spine, lumbar radicular syndrome, bilateral rotator cuff tendinitis and impingement syndrome, and bilateral wrist tendinitis/carpal tunnel syndrome), and treatment to date (acupuncture therapy). Medical report identifies a request for Anaprox and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 325 mg #30 times two: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113.

Decision rationale: Specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. Within the medical information available for review, there is documentation of diagnoses of cervical, thoracic and lumbar sprain, degenerative joint disease of the cervical spine, cervical radicular syndrome, degenerative joint disease of the lumbar spine, lumbar radicular syndrome, bilateral rotator cuff tendinitis and impingement syndrome, and bilateral wrist tendinitis/carpal tunnel syndrome. In addition, there is documentation of Tramadol used as a second-line treatment (in combination with first-line drugs (NSAIDs)). However, given documentation of improved pain, there is no (clear) documentation of moderate to severe pain. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for unknown prescription for Tramadol 325 mg #30 times two is not medically necessary.