

Case Number:	CM14-0142223		
Date Assigned:	09/10/2014	Date of Injury:	04/28/2000
Decision Date:	10/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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:

The claimant was injured on 04/28/00. Tramadol is under review. She was walking and slipped and fell landing on her left arm and right knee. She reports ongoing low back pain with gastrointestinal problems due to her use of medications for pain. She saw [REDACTED] on 04/21/14 and reported pain down her right lower extremity to the toes of her right foot and GI problems due to her medications. Home health care was recommended in June 2014. A gastrointestinal consultation was also requested. She has had multiple imaging studies. On 01/22/14, she saw [REDACTED] and was prescribed tramadol. She reported significant functional limitations. Epidural injections were recommended. Physical therapy was also ordered. Trials of other medications are not described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Page(s): 145; 94.

Decision rationale: The history and documentation do not objectively support the request for tramadol 50 mg #80 with 3 refills. The MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." Also, "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005)" There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs, including acetaminophen or anti-depressants, though she appears to have not tolerated anti-inflammatories (though the trials are not described). There also is no evidence of failed trials of local modalities such as ice or heat and no indication that the claimant is involved in an ongoing exercise program. The expected benefit or indications for the use of this medication have not been stated. The medical necessity of tramadol 50 mg #80 with 3 refills has not been clearly demonstrated anti-inflammatories (though the trials are not described). There also is no evidence of failed trials of local modalities such as ice or heat and no indication that the claimant is involved in an ongoing exercise program. The expected benefit or indications for the use of this medication have not been stated. The medical necessity of tramadol 50 mg #80 with 3 refills has not been clearly demonstrated.