

Case Number:	CM14-0144288		
Date Assigned:	09/12/2014	Date of Injury:	06/14/2012
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/05/2014

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 injured worker is a male with date of injury of 6/14/2012. Per the primary treating physician's progress report dated 6/25/2014, the injured worker states he is still having pain in the neck along with extreme radiation of pain going down to the left arm. Pain is tolerable with medications, but he only takes the medication as needed because it makes him extremely sleepy. On examination of the cervical spine, there is tenderness and tightness, which is worse on the left side of cervical paravertebral. Pain is also noted on trapezius and medial border of scapular area. Left rotation is restricted and painful. Flexion, extension and side to side tilt are restricted. Cervical compression test elicited C5-C6 dermatomal with distribution pain on the left and slight asymmetric cervical paravertebral spasm. Shoulder, elbow and wrists examinations were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The requesting physician reports that this prescription is an NSAID to be used to treat mild to moderate pain, osteoarthritis and rheumatoid arthritis. It is prescribed for inflammation and pain. This is not consistent with the recommendations of the MTUS Guidelines and medical necessity for Tramadol has not been established. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. This request is not medically necessary.