

Case Number:	CM14-0146780		
Date Assigned:	09/12/2014	Date of Injury:	10/20/1999
Decision Date:	10/15/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 53 year old male with complaints of shoulder, neck, and low back pain. The date of injury is 10/20/99 and the mechanism of injury is not elicited. At the time of request for tramadol 50mg, there is subjective (shoulder bilateral, neck and low back pain) and objective (tenderness palpation cervical paraspinal, pain with facet loading cervical and lumbar spine, decreased range of motion cervical and lumbar spine) findings, imaging findings (none supplied), diagnoses (cervical stenosis C4/5,C5/6, right lumbar radiculopathy, s/p bilateral carpal tunnel release, s/p bilateral ulnar nerve release, s/p left shoulder surgery), and treatment to date (physical therapy, medications, surgery). Tramadol has mu-agonist activity as well tri-cyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There are many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg twice a day if necessary for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-84.

Decision rationale: Tramadol has mu-agonist activity as well tri-cyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There are many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended. As there is no documentation of efficacy of treatment with tramadol, this medication should be discontinued.