

Case Number:	CM14-0149731		
Date Assigned:	09/18/2014	Date of Injury:	07/12/2010
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 Illinois, and is licensed to practice in Occupational Medicine. 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:

This injured worker is a 55 year old woman. She injured herself in a slip and fall beginning on July 12, 2009. Her diagnoses include cervical, thoracic and lumbar spine strains; reflex sympathetic dystrophy; bilateral shoulder and wrist strain; tendonitis; carpal tunnel syndrome; depression; sleep disorder; and gastrointestinal disorder. Her medications include tramadol, omeprazole, nizatidine, and duloxetine. The office note from July 30, 2014 stated that the worker's condition is getting worse on medications. An in-office drug screen from June 24, 2014 detected amitriptyline and cyclobenzaprine which were not prescribed. Alprazolam, Bupropion, and Hydrocodone were prescribed but not detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL cap 150mg ER supply 30 Quantity: 30-for weaning purposes: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 113, 75.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Central acting analgesics are an emerging fourth

class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain with side effects are similar to traditional opioids. Tramadol has recently been classified as a schedule IV drug. According to the medical documentation, this worker has been on tramadol since March of 2013 with no improvement in pain. It is appropriate to discontinue tramadol. The worker was stated to be taking 150mg extended release twice a day. The weaning schedules vary by intensity and duration of the medication. The request is certified. Abrupt discontinuation of opioid medications can lead to dangerous withdrawal symptoms. The worker is not getting any pain improvement on this medication. Therefore, discontinuation is appropriate and must be tapered. The request for Tramadol HCL Cap 150mg ER Quantity 30 for weaning purposes is medically necessary.