

Case Number:	CM14-0162746		
Date Assigned:	10/07/2014	Date of Injury:	12/03/2013
Decision Date:	11/07/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/03/2014

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 Osteopathic Family Practice, 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 patient is a 39 year old male chef who sustained an industrial injury on 12/3/13. The patient is followed for cervical spine strain/sprain, right elbow contusion and right knee contusion. The patient is TTD. The patient was seen on 8/26/14 at which time he complained of cervical spine, right elbow and right knee pain rated 8/10 without medications, and 3-4/10 with medications. He complains of right arm pain as well as buckling of his right knee with ambulation. UR dated 9/24/14 reviewed 8/28/14 report at which time the patient complained of persistent cervical spine, right elbow and right knee pain rated 8/10. Increased anxiety and depression was noted. The patient is noted to be using one Ultram and one Norco daily. He was prescribed Norco 10/325 mg #30 and Tramadol 50 mg #60. RFA dated 9/17/14 requested Norco 10/325 mg #30, Ultram (Tramadol 50 mg) #60 and Pepcid 20 mg #60. UR non-certified the request for Ultram (Tramadol 50mg) quantity 60, 1-2 tabs po every 4-6 hours for pain for the management of symptoms related to cervical spine, right elbow and right knee injury (unspecified days supply). The prior peer reviewer noted that the directions for Norco and Ultram are equivalent to 320 MED. The prior peer reviewer also noted that no first line therapy including oral NSAIDs or AED medications are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol 50mg) #60 (unspecified days' supply): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm; ACOEM - <https://www.acoempracguides.org/> Cervical and Thoracic Spine, Table 2, Summary of Recommendations, Cervical and Thoracic Spinal Disorders; and ACOEM - <https://www.acoempracguides.org/> Hand and Wrist, Table 2, Summary of Recommendations, Hand and Wrist Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The request for Tramadol 50 mg is supported. Tramadol is a synthetic opioid and would be supported for chronic pain as it is significantly safer than Hydrocodone. The patient is reporting improvement in his pain levels with medications and the RFA dated 9/17/14 indicates that the request is for Norco 10/325 mg #30, Ultram (Tramadol 50 mg) #60 and Pepcid 20 mg #60. The RFA does not indicate that the patient is being prescribed significantly high dosage of opioids as noted in the prior peer review. As such, the request for Tramadol is medically necessary.