

Case Number:	CM14-0094297		
Date Assigned:	07/25/2014	Date of Injury:	11/10/2013
Decision Date:	09/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/20/2014

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 11/10/13 when he fell two stories off a ladder. Tramadol/APAP is under review. The claimant injured multiple body parts including his neck, shoulders, ribs, right lower extremity and buttock, low and mid back, right knee, right ankle, left lower extremity around the knee and ankle and he had tenderness and an antalgic gait. He had decreased right shoulder range of motion. He had tried multiple medications, acupuncture, chiropractic, injection, TENS unit, ultrasound and psychotherapy. He had not recovered significantly. On 01/10/14, he saw [REDACTED], PA and tramadol was continued. MRIs were ordered for the neck, low back, left knee, right shoulder and brain. A TENS unit was ordered along with EMG nerve conduction studies of the extremities. He had multiple contusions and sprains. He stated tramadol is helpful. On 12/17/13, x-rays, chiropractic, and medications were ordered. He was prescribed omeprazole, naproxen, and tramadol. He reportedly fell 2 stories from a ladder. On 01/02/14, tramadol was ordered again. On 01/10/14, acupuncture was ordered and tramadol was discontinued. A TENS unit was provided. He had chronic intractable pain. On 02/03/14, his naproxen was refilled and he was given Lidopro ointment. On 01/20/14, there was a transfer of care. He was taking tramadol and Naprosyn. He was not permanent and stationary. He still had muscle spasm and tenderness. He had ongoing low back pain, shoulder pain and neck pain, right arm, knee and ankle pain and chest wall pain. On 02/13/14, he was provided Lidopro ointment and topiramate was discontinued. An acupuncture trial was still pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, 212, 308, 346, 376. Decision based on Non-MTUS Citation ODG(The Official disability Guidelines) Opioids, specific drug list; Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ULTRAM; MEDICATIONS FOR CHRONIC PAIN Page(s): 145; 94.

Decision rationale: The history and documentation do not objectively support the request for tramadol/APAP 37.5/325 mg #60. The MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. 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 and the claimant was also taking naproxen. His pattern of use of tramadol and the objective measurable or functional benefit to him of this medication is not clearly stated. There is no evidence that the claimant has been involved in an ongoing exercise program in conjunction with treatment and pain control measures, in an attempt to maintain any benefits he receives from treatment measures. The medical necessity of continued use of tramadol has not been clearly demonstrated and a modification to one half the requested quantity of tramadol 37.5/325 mg (or #30) can be recommended for weaning purposes.