

Case Number:	CM14-0095285		
Date Assigned:	07/25/2014	Date of Injury:	12/06/2010
Decision Date:	09/22/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 Management and is licensed to practice in Tennessee. 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 is a 53-year-old female patient with a 12/6/2010 date of injury. The mechanism of injury was when the patient fell in a pothole on her right side and buttocks. On a progress report dated 5/5/14 the patient complained of constant neck pain radiating to the right shoulder, and constant low back pain radiating to the right buttock, hip, thigh, knee, calf, and ankle. She also complained of constant numbness and tingling in the right lower extremity to the level of the hip, thigh, knee, and calf. She stated she had moderate to severe difficulty with sleep. She rated her pain as 7/10 using medication and 10/10 with medication use. At this time she stated that her pain has recently gotten worse. Physical exam revealed the patient was in moderate distress and her gait was slow. Cervical examination revealed spinal vertebral tenderness at C4-C6. Tenderness was also noted at the right trapezius muscle, right paravertebral C4-C7 area, and the right occipital area. Pain was significantly increased with flexion, extension, and rotation. Upper extremity examination showed tenderness at the right long head biceps, right rotator cuff, and right posterior shoulder. The ROM of the right shoulder was decreased due to pain. It is documented in the report that the patient has multiple opioid allergies versus intolerance. Tramadol was also poorly tolerated by the patient. On a subsequent exam dated 6/2/14 the patient states her pain has worsened. She rated her pain as 7-9/10 with medication and 8-9/10 without. The diagnostic impression is cervical radiculitis, sprain/strain of the thoracic spin, lumbar radiculitis, right-sided shoulder bursitis, chronic pain, myofascial pain syndrome, and opioid allergy. Treatment to date: Physical therapy with limited benefit, self-procured chiropractic treatments, lumbers ESIs, MRI of the right hip, and medication management. A UR decision dated 6/17/14 denied the request for tramadol 50mg #90. The rationale for denial was that it was reported in the 5/5/14 exam that it has multiple opioid allergies versus intolerance, and that tramadol was also poorly tolerated. CA MTUS guidelines do not

recommend tramadol as a first-line oral analgesic and this patient is documented to be intolerant to it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Synthetic Opioids.

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

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. On the 6/2/14 report it was noted that tramadol has been provided for pain, but the patient cannot increase the dosage or frequency due to "severe allergic response". It also states that the patient has failed multiple opioid classes due to allergic responses. It describes the plan as Tramadol 50mg three times per day. prn pain #90 to be used while waiting for the fentanyl patch. The patient could not take tramadol if truly allergic to opiates. The report seems to describe a patient that is intolerant to tramadol not allergic. As it relates to the patients' allergy the report is very unclear and confusing. However, it is documented that the patient already was intolerant to tramadol. Therefore, the request for Tramadol 50mg #90 is not medically necessary.