MAXIMUS Federal Services

Case Number:	CM14-0143139		
Date Assigned:	09/10/2014	Date of Injury:	09/18/2009
Decision Date:	03/02/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old worker sustained an industrial injury on 09/18/2009 when a shop light fell and struck him on the right part of the forehead causing injury to his head, cervical and thoracic spine. The injured worker (IW) is status post-concussion/closed head injury. According to the primary treating physician's progress report of 0512/2014 his diagnosis include history of blunt head trauma with continuing headaches, cervical spine disc herniation with stenosis, thoracic spine injury rule out disc herniation, lumbar spine disc herniation with stenosis and fibromyalgia per rheumatologist's exam. On 06/09/2014, his subjective complaints are of continued total body pain, chronic fatigue, insomnia, and morning gel phenomenon. Objective findings were that of a normal neurologic exam, no new joint swelling, and no rheumatoid arthritis deformities. Documented medications are Ativan, Cymbalta, Lyrica and Lorazepam. The IW has had no surgeries but has participated in a conservative course of treatment including massages, acupuncture and chiropractic treatment. A request for authorization was submitted on 08/07/2014 for Tramadol Hcl 150 mg ER Qty 270 day supply 30. Submitted medical documentation was reviewed and attempts to discuss the request with the requesting physician were made. In a Utilization Review (UR) letter dated 08/22/2014, the reviewing physician modified the request to Tramadol Hcl 150 mg ER Qty #50 for purposes of taper and /or to allow the requesting physician to more fully substantiate ongoing need for this medication. CA-MTUS (California Medical Treatment Utilization Schedule) Chronic Pain Medical Treatment Guidelines page 113 Tramadol was referenced. Application for independent medical review was made 09/04/2014 for Tramadol HCL 160 mg ER QTY 270 day supply 30 that was modified to

Tramadol HCL 150 mg ER #50 for purpose of taper and /or to allow the requesting physician to more fully substantiate ongoing need for this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150mg ER Qty 270 day Supply 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

Decision rationale: Tramadol is not medically necessary. Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, it's use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications; therefore the requested medication is not medically necessary.