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| Case Number: | CM14-0216872 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 03/28/2008 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 12/15/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient's symptoms include neck pain radiating down the upper extremities with associated headaches and also radicular low back pain. The patient has also noted pain in the left elbow, bilateral shoulders, and wrists. Treating diagnoses include cervical disc degeneration, cervical radiculopathy, lumbar radiculopathy, and cervical/lumbar spinal stenosis. A prior physician review noted that this patient previously used tramadol with no documented functional improvement or ability to return to work. That review also noted a risk of serotonin syndrome given concurrent use of the SSRI medication Zoloft. This patient was seen in pain medicine re-evaluation on 12/5/14 with ongoing complaints of pain in the neck, low back, upper extremities, and occipital region with associated ADL medications. The patient reported that medication was helpful, including Tramadol which was received through private insurance. Medications were continued given ongoing reports of effectiveness.

IMR ISSUES, DECISIONS AND RATIONALES

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

135 tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. These 4 As of opioid management have not been verifiably or objectively met to support ongoing benefit from Tramadol; such objective benefit would particularly need to be met in this case given the potential risk of interaction with the patient's SSRI anti-depressant. For these reasons this request is not medically necessary.