

Case Number:	CM15-0014099		
Date Assigned:	02/02/2015	Date of Injury:	03/28/2008
Decision Date:	03/25/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 injured worker is a 56-year-old female, who sustained an industrial injury on 3/28/2008. The diagnoses have included cervical disc degeneration, cervical radiculopathy, cervical spinal stenosis, lumbar radiculopathy, lumbar spinal stenosis, myofascial pain syndrome and status post left shoulder arthroscopy. Treatment to date has included bilateral C4-6 cervical epidural steroid injection, medication, activity modification, and surgical intervention. Currently, the IW complains of neck pain with radiation down the bilateral upper extremities, right greater than left and into the bilateral shoulders. She also reports low back pain with radiation to the bilateral lower extremities. There is upper extremity pain in the bilateral shoulders, wrists, and left elbow. Pain is rated as 8/10 without medication and 6/10 with medication. She reports that medications have caused 60% improvement in activities of daily living. Objective findings include a slow antalgic gait and the use of a cane for ambulation. She is in moderate to severe distress. There is tenderness and spasm to the cervical and lumbar spine. Range of motion is decreased secondary to pain. There is tenderness to palpation of the left anterior shoulder with reduced range of motion and tenderness to palpation of the right foot. On 12/26/2014, Utilization Review non-certified a request for Tramadol 50mg #90, noting that the documentation did not show evidence of functional improvement. The MTUS was cited. On 1/26/2015, the injured worker submitted an application for IMR for review of Tramadol #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Pain (Chronic) Medications for acute pain (analgesics), Tramadol (Ultram)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. ODG further states, Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen. The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The patient has been on Tramadol since April 2014 which is in excess of guidelines. As such, the request for 90 tramadol 50mg is not medically necessary.