

Case Number:	CM15-0116319		
Date Assigned:	06/24/2015	Date of Injury:	11/01/2002
Decision Date:	07/23/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on 11/1/02. She reported neck pain. The injured worker was diagnosed as having lesion of the ulnar nerve, cervical radiculopathy, cervical post-laminectomy syndrome, and carpal tunnel syndrome. Treatment to date has included cervical spine fusion in 2006, right ulnar nerve release in 2013, trigger point injections, acupuncture, massage therapy, chiropractic treatment, physical therapy, and medication. The injured worker had been taking Tramadol since at least 11/12/14. Currently, the injured worker complains of pain in the left shoulder and neck. The treating physician requested authorization for Tramadol 50mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Tramadol 50mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Norco for months along with the Tramadol with persistent pain such that additional consultations were requested for invasive procedures. In addition, the claimant's pain scores were not routinely noted. The continued use of Tramadol is not justified based on the above and no one opioid is superior to another. The combined use of multiple opioids is not recommended. Tramadol is not medically necessary.