MAXIMUS Federal Services

Case Number:	CM15-0021890		
Date Assigned:	02/12/2015	Date of Injury:	02/03/2013
Decision Date:	04/14/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/05/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal Medicine

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 45-year-old male, who sustained an industrial injury on 2/3/2013. The diagnoses have included right inguinal hernia and chronic neuropathic pain after inguinal hernia repair. Treatment to date has included pain medication. According to the note dated 11/25/2014, the injured worker was requesting another nerve block for a symptomatic left inguinodynia or nerve entrapment. He was last seen almost two months ago with an injection of 0.5% bupivacaine being given. These were noted to be lasting a while. At the same trigger point injection occurred again with 5cc of 0.5% bupivacaine. According to the consultation dated 1/13/2015, the injured worker presented with primary questions regarding chronic right side hernia pain. The injured worker described the pain as shooting, stabbing, piercing and sharp. Current medications included Trazadone, Sertaline, Alprazolam, Tramadol and Ibuprofen. Physical exam revealed that the injured worker was able to transfer from sitting to standing with some guarding and ambulated with an antalgic gait on the right side. He had evidence of a right inguinal hernia repair with a well healed incision. There was allodynia noted over the incision as well as along the scrotum on the right and left side. On 1/5/2015, Utilization Review (UR) non-certified a request for Tramadol HCL 50mg #120. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCI 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 93-94,124-127.

Decision rationale: Per MTUS: Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. Side Effects: Dizziness, nausea, constipation, headache, somnolence, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 94 of 127 flushing, pruritus, vomiting, insomnia, dry mouth, and diarrhea. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction. Warning: Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Analgesic dose: Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). Ultram ER: Patient currently not on immediate release tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). Patients currently on immediate release tramdadol, calculate the 24-hour dose of IR and initiate a total daily dose of ER rounded to the next lowest 100mg increment (Max dose 300mg/day). (Product information, Ortho-McNeil 2003) (Lexi-Comp, 2008)From the clinical data provided, it is not clear as to why the patient required this medication or if there was an improvement with therapy. A weaning process should be initiated.